

# FORT LA BOSSE SCHOOL DIVISION

TITLE - **MEDICAL ASSISTANCE POLICY\***

POLICY - **JLCD-E2**

Approval Date - 14/01/13

Cross Reference -

Resolution # - TBA

Implementation - 14/01/13

Legal Reference -

Last Reviewed - 14/01/13

## Form B INDIVIDUAL MEDICATION RECORD

**This personal information or personal health information is being collected under authority of Fort la Bosse School Division and will be used for educational purposes or to insure the health and safety of the student. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act and the Personal Health Information Act. If you have any questions about the collection, contact the Fort La Bosse School Division Access and Privacy Coordinator at 748-2692.**

SCHOOL: \_\_\_\_\_ STUDENT: \_\_\_\_\_

MEDICATION: \_\_\_\_\_ DOSAGE: \_\_\_\_\_

ROUTE: \_\_\_\_\_ TIME(S) \_\_\_\_\_

### INSTRUCTIONS FOR PERSON(S) ADMINISTERING THE MEDICATION:

- (a) Attach completed Form A, "Administration of Prescribed Medication" to this medication record.
- (b) Verify your initials once with a full signature on the reverse side of this record.
- (c) Do 5 stage checklist before administering medication for which you have authorization.

- |                                                    |               |           |
|----------------------------------------------------|---------------|-----------|
| 1. STUDENT                                         | 2. MEDICATION | 3. DOSAGE |
| 4. ROUTE (i.e. method of administration e.g. oral) | 5. TIME       |           |

- (d) **Every time** the medication is administered:
  - 1. **record** the date and time
  - 2. **initial** the fact that the medication was administered
  - 3. **note** absent, refused, missed or discontinued if administration not done at prescribed time.
  - 4. **Write** any other comments you feel are relevant.
- (e) **Notify parent/guardian when less than four days' supply of medication remains.**
- (f) If the medication is discontinued, record the disposition of any unused medication on this form e.g. "returned to parent/guardian by (state name); or destroyed by (state means).

