York Catholic District School Board

PROCEDURE:
206A SUPPORTING STUDENTS WITH PREVALENT MEDICAL CONDITIONS:
ANAPHYLAXIS

Addendum to:
Policy 206 Supporting Students with Prevalent Medical Conditions
(Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools

Effective: June 2 , 2023
5 H Y L V H G - X Q H

- Take responsibility for advocating for their personal safety and well-being, as well as the safekeeping and administration of their medication that is consistent with their cognitive, emotional, social and physical stage of development and their capacity for self-management
- Communicate with their Parent(s)/Guardian(s) and school staff if they are facing challenges related to their medical condition at school
- Wear a Medic Alert identification at alltd2.86 (i)2.6 (on)194>T w-25.27 23.64gem7c 10r0 [2onocionrt

York Catholic District School Board

Administration of Medication to Students with Anaphylaxis

Parent Letter Template

School Letterhead

Dear Parent / Guardian;

As we update our school records related to the administration of medication for anaphylactic students, you are asked to carefully review, sign and return the attached Form S15 (Acknowledgement and Consent) along with the S15(a) for Elementary Students, or S15(a1) for Secondary Students as soon as possible. This information is necessary for the safety and protection of your child.

As per Policy 206 Supporting Students with Prevalent Medical Conditions: Anaphylaxis, Asthma, Diabetes and/or Epilepsy, section, 4.6.5 *To confirm annually to the Principal or their designate that their child's medical status is unchanged.* Please complete and return the attached forms with a physician signature as soon as possible if your child is:

" New to the school and has a diagnosis of anaphylaxis, or
" Is presently attending the school, but has been recently diagnosed with anaphylaxis.

If revisions to the medical information outlined on the attached Form S15(a) or Form S15(a1) are necessary for students who have a previous Administration of Medication for Anaphylaxis form on file, you will be required to complete a new form and secure an updated physician signature. If no revisions are necessary, please return the signed Form S15 along with the S15(a) or S15(a1) with an updated picture of your child as soon as possible.
Please contact the school office if you have any questions and/or concerns.

Thank you for your immediate attention to this request and your ongoing support in the shared responsibility for anaphylaxis management in our school.
Sincerely,

Principal Name

S.15
Rev. June 2023

York Catholic District School Board

ADMINISTRATION OF MEDICATION for ANAPHYLACTIC STUDENTS

Acknowledgement and Consent
(Students Under 16 Years of Age)

It should be understood that parents are asking non-medical persons to undertake the administration of prescription medications (i.e. epinephrine auto injector) and must, therefore, assume the associated inherent risks. School staff members providing assistance in the administration of prescription medication to students are not medically trained personnel. They will endeavour to follow all reasonable instructions, as provided on the Board forms S15(a) (Elementary) as S15(a1) (Secondary), in order to ensure the safety and security of each student.

If you choose to request school staff to administer prescription medication to your child, you must understand that you bear the responsibility of any accident that might occur.

> *s.3(4) Sabrina's Law, 2005*
> *No action for damages shall be instituted respecting any act done in good faith or for any neglect or default in good faith in response to an anaphylactic reaction in accordance with this Act, unless the damages are the result of an employee's gross negligence.*

In order to minimize these risks, parents should ensure that their requests include all information that might be needed to safely administer prescription medications, including the identification of possible side effects as identified, on the Board S15(a) and S15(a1), by a licensed physician. A one-time signature from a licensed physician is now required; both at the elementary panel and a one-time signature from a licensed physician at the secondary panel.

The York Catholic District School Board does not provide medical expense insurance on behalf of its students who require assistance in the administration of prescription medication.

It is your legal obligation to ensure that the information in your child's file is kept up to date with the medication that your child is taking.

ACKNOWLEDGEMENT and CONSENT

WE HAVE READ AND ACKNOWLEDGE THE ABOVE AND HEREBY CONSENT TO THE ADMINISTRATION BY SCHOOL STAFF OF PRESCRIPTION MEDICATION TO:

Name of Student:

Signature of Parent/Guardian: Date:

Signature of Parent/Guardian:

Date:

Parents/Guardians may request a copy of his/her Acknowledgement and Consent Form from the School Principal. Questions about this form should be addressed to the School Principal.

S15(a)
(Rev. June 2023)
Policy 206

York Catholic District School Board

ELEMENTARY ADMINISTRATION OF PRESCRIPTION MEDICATION FOR ANAPHYLAXIS

THE FOLLOWING REQUEST(S) WILL EXPIRE WHEN ELEMENTARY STUDENT ENTERS SECONDARY.

STUDENTS NAME: _____STUDENTS DATE OF BIRTH _____

NAME OF SCHOOL: _____ ROUTE No. (AM & PM) _____

Student Address:

Phone Number:

PLACE STUDENT'S
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PARENT INPUT ON EMERGENCY PLAN:

DESCRIPTION OF ALLERGY:

THIS STUDENT HAS A LIFE-THREATENING ALLERGY TO THE FOLLOWING:

AND ALL FOODS CONTAINING THESE ALLERGENS IN ANY FORM OR AMOUNT,
INCLUDING THE FOLLOWING:

STRATEGIES (List avoidance/safety rules for your child, if any):

PARENT INPUT ON EMERGENCY PLAN:

DESCRIPTION OF ALLERGY:

THIS STUDENT HAS A LIFE-THREATENING ALLERGY TO THE FOLLOWING:

AND ALL FOODS CONTAINING THESE ALLERGENS IN ANY FORM OR AMOUNT,
INCLUDING THE FOLLOWING:

STRATEGIES (List avoidance/safety rules for your child, if any):

York Catholic District School Board

STUDENT MEDICATION LOG