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:

☐ **I have reviewed the existing S15(a) form signed by the physician, and verify that there are no revisions to the medical information at this time.**

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: Physician's Name: Phone Number: **I give permission for the Principal to contact the physician relating to my child's medical condition, if necessary, both for the purposes of accommodating them or protecting them from potential harm.** **Yes** ☐ **No** ☐	**PLACE STUDENT'S PHOTO HERE (MUST BE KEPT CURRENT)**	**MEDICATION KEPT**: With Student Specify location: ❒ In Office ❒ Other: *The EpiPen® will be returned to the student at the end of each school year.*

<u>THIS STUDENT HAS A LIFE-THREATENING ALLERGY TO THE FOLLOWING:</u>	**In order to protect your child's safety, we recommend that you provide the office with an EpiPen to use in the event of an emergency and that you also ensure that your child carries a second EpiPen with them at all times.** **Having two EpiPens available for your child will enable us treat them as rapidly as possible.** ❒ I have provided an EpiPen® for the office. ❒ **I** have provided an EpiPen® for my child to carry at all times ❒ I have provided a Medic Alert Bracelet and will encourage my child to wear it at all ❒ I have **<u>not</u>** provided an EpiPen® for my child to carry at all times.

Parent/Guardian Signature: ____________________________Date: _________________________

Physician Signature: __________________________________Date: ________________________

NAME OF MEDICATION(S):

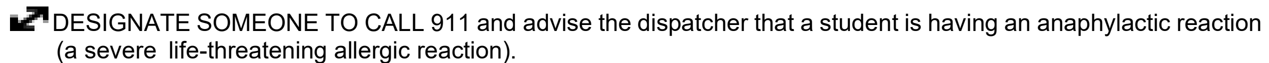
Epinephrine Auto-Injector Dosage:
☐ EpiPen Jr. 0.15mg
☐ EpiPen 0.30 mg
☐ Allerject 0.15 mg
☐ Allerject 0.30mg

Personal information contained on this form is collected pursuant to the *Education Act* and the *Municipal Freedom of Information and Protection of Privacy Act.* Questions about the collection and the use of this personal information should be directed to the Privacy Manager - Freedom of Information, York Catholic District School Board, 320 Bloomington Rd. W., Aurora, Ontario, L4G 3G8 or (905) 713-2711.

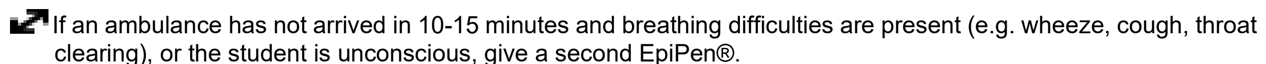
c.c. Student Transportation Services
Office File

ACTION – EMERGENCY PLAN:

Use EpiPen® immediately and try to keep child calm


DESIGNATE SOMEONE TO CALL 911 and advise the dispatcher that a student is having an anaphylactic reaction (a severe life-threatening allergic reaction).

Call parent or guardian


If an ambulance has not arrived in 10-15 minutes and breathing difficulties are present (e.g. wheeze, cough, throat clearing), or the student is unconscious, give a second EpiPen®.

The student must be taken to a hospital immediately, even if symptoms subside entirely.

Send an additional EpiPen® (if available) with the ambulance driver.

POSSIBLE ANAPHYLACTIC SYMPTOMS:	**LIST ADDITIONAL/OTHER SYMPTOMS FOR YOUR CHILD**:
flushed face, hives, tingling in the mouth, swelling or itchy lips, tongue, eyes	
tightness in throat, chest	
difficulty breathing or swallowing, wheezing, coughing, choking	
vomiting, nausea, diarrhea, stomach pains	
loss of consciousness	
fear and/or panic	

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):