MEDICATION

Students not receiving immunizations must complete a standardized ministry approved form available through the Ministry of Health.

Medications will be stored out of the children's reach.

- All medication must be stored in the locked medication box in each classroom, in the emergency classroom bag or in the medication box in the refrigerator.
- Medication from home, prescription or otherwise, may be administered by designated staff or their designate only. Only with documented parent authorization can the medication be given.
- All medication must be labelled – medication can only be administered if it is in its original container with the child's name, medication name, dosage and storage instructions and only as directed by physician or parent
- Over the counter medications may be administered with a blanket signed authorization from a parent. (lip balm, Vaseline, diaper cream, bug spray, cough drops, sun screen, etc.)
- Standard permission slips for on-going treatment or as needed medication will be stored in the medication box with the medication.
- The administration of the medication will be noted and initialled on the medication form. Documentation to be retained for two (2) years.
- Fever or pain reducers may only be given with written authorization by the parent and from a clearly labelled container supplied from home. The parent will be notified prior to administration.
- Missed medication or dosing errors will be documented and the parent immediately notified. Required reports will be completed.
- Epipen administration may be issued by any staff member who is confident with the procedure after attending First Aid/CPR training.
- Unused, surplus or expired medication will be returned to the parent or disposed of as recommended and, where still necessary, replaced by the parent.
- Students of any age must not receive medication without adult supervision.
- In a life-threatening emergency, staff are expected to act responsibly in the best interest of the suffering party, based on the First Aid/ CPR standards.
- All medication must be returned to designated medication storage areas after administration.
- Thyro-block iodine pills will be administered upon direction from the Ministry via the office in the case of an emergency.

- Pertinent medications will accompany the child on all off-site visits. The medication will be stored in the emergency pack to be carried by the designate. All staff will be made aware of the accompanying medication and the designate on each trip.
- Standing orders on medication (asthma, anaphylaxis, diabetes, etc.) will be stored by the emergency bag which will be available at all times to the student via the teacher.

Medical Officer of Health Directions, Inspections

MLCP commits to following all direction from the Medical Officer of Health that affects the health and wellbeing of any child at the centre.

Reports from fire, health or medical officials will be kept on site and a copy forwarded as soon as possible, within 2 business days, to the program advisor.

Any and all instructions set out by the above authorities will be implemented as necessary and followed.

All records of inspections and their recommendations will be recorded in the daily log for all staff to see.

Montessori Learning Centre of Pickering

MEDICATION PERMISSION FORM

You may request to have prescribed medication administered by an assigned staff member to your child by school personnel during school hours. You must agree, by signature below, that the Montessori Learning Centre of Pickering ("MLCP"), its employees, including school administration, staff and volunteers, will not be held responsible for any illness or injury to your child relating to or resulting from the administration of the medication. You will assume all responsibility in this regard. You are aware that the school does not have health care professionals to administer the medication, and school staff are not medically trained for this purpose.

Child's Name:	Date:
Medication Name:	Reason For:
Directions:	Administer When:
Dosage:	Timing for Administering:
Parent/Guardian Signature:	
Medication Check – original container/student's name/medication name/dosage/storage instructions	Staff Initials:
Notes:	

Date Established: December 2015
Date Updated: August 2020

Montessori Learning Centre of Pickering

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Notes:	

Date Established: December 2015
Date Updated: August 2020

INDIVIDUALIZED PLAN FOR A CHILD WITH MEDICAL NEEDS

This form must be completed for a child who has one or more acute or chronic** medical conditions such that he or she requires additional supports, accommodation or assistance.*

A child with medical needs is one who has one or more chromic medical conditions and requires additional supports or accommodations. Students with medical needs, that are confidently manageable by MLCP staff, will be supported by an Individualized Plan (IP). The plan will be developed in consultation with parents, health professionals and applicable MLCP staff. The plan will include preventative measures, a description and demonstration of any medical devices, procedures to be followed in a medical emergency, supports that will be available and any additional requirements needed for offsite trips or evacuation. Confidentiality will be respected at all times. The plan will be reviewed and discussed with all pertinent staff, reviewed at least annually and revisited as things may change for the student.

Child's Full Name:	Photo of Child (Recommended)
Child's Date of Birth: (dd/mm/yyyy)	**Date Individualized Plan Completed:**
Medical Condition(s):	
□ **Diabetes** □ **Asthma** □ **Seizure** □ **Other:** _____	

PREVENTION AND SUPPORTS

STEPS TO REDUCE THE RISK OF CAUSING OR WORSENING THE MEDICAL CONDITION(S): *[Include how to prevent an allergic reaction/other medical emergency; how not to aggravate the medical condition (e.g. Pureeing food to minimize choking)]*

LIST OF MEDICAL DEVICES AND HOW TO USE THEM (if applicable)**:** *(e.g. feeding tube, stoma, glucose monitor, etc.; or not applicable (N/A))*

LOCATION OF MEDICATION AND/OR MEDICAL DEVICE(S) (if applicable)**:** *(e.g. glucose monitor is stored on the second shelf in the program room storage closet; or not applicable (N/A))*

SUPPORTS AVAILABLE TO THE CHILD (if applicable)**:** *(e.g. nurse or trained staff to assist with feeding and/or disposing and changing of stoma bag; or not applicable (N/A))*

SYMPTOMS AND EMERGENCY PROCEDURES

SIGNS AND SYMPTOMS OF AN ALLERGIC REACTION OR OTHER MEDICAL EMERGENCY: *[include observable physical reactions that indicate the child may need support or assistance (e.g. hives, shortness of breath, bleeding, foaming at the mouth)]*

Special Instructions:

- *Acute: a condition that is severe and sudden in onset that, if left untreated, could lead to a chronic syndrome.
- **Chronic: a long-developing syndrome that can develop or worsen over an extended period of time.
- Each child with medical needs requires their own individualized plan. If significant changes and updates are required to this individualized plan, a new individualized plan must be completed.
- An additional individualized plan is not required for a child with an anaphylactic allergy, if the child does not otherwise have a medical need, as these children must already have an individualized plan under the anaphylactic policy.
- Children's personal health information should be kept confidential.

Date Established: August 2017
Date Updated: February 2021

PROCEDURE TO FOLLOW IF CHILD HAS AN ALLERGIC REACTION OR OTHER MEDICAL EMERGENCY: *[Include steps (e.g. Administer 2 puffs of corticosteroids; wait and observe the child's condition; contact emergency services/parent or guardian, parent/guardian/emergency contact information; etc.)]*

PROCEDURES TO FOLLOW DURING AN EVACUATION*: *(e.g. ice packs for medication and items that require refrigeration; how to assist the child to evacuate)*

PROCEDURES TO FOLLOW DURING FIELD TRIPS*: *(e.g. how to plan for off-site excursion; how to assist and care for the child during a field trip)*

***Emergency Pouches follow child off site and are located at:**

ADDITIONAL INFORMATION RELATED TO THE MEDICAL CONDITION (IF APPLICABLE):

This plan has been created in consultation with the child's parent / guardian.

Parent/Guardian Signature:	
Print name:	**Relationship to child:**
Signature:	**Date:** (dd/mm/yyyy)

The following individuals participated in the development of this individual plan (optional):

First and Last Name:	**Position/Role:**	**Signature:**
First and Last Name:	**Position/Role:**	**Signature:**

Frequency at which this individualized plan will be reviewed with the child's parent/guardian: *(at least annually or as needed)*

Special Instructions:

- *Acute: a condition that is severe and sudden in onset that, if left untreated, could lead to a chronic syndrome.
- **Chronic: a long-developing syndrome that can develop or worsen over an extended period of time.
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