



# ADMINISTRATION OF MEDICATION GUIDELINES

Community Services Department, Leisure Services Division  
City of Regina

## PURPOSE

The City of Regina recognizes that some children attending registered programs may require:

- a. oral and/or injectable medication on a regular basis.
- b. oral and/or injectable medication in an emergency situation.

It is the position of the City of Regina that no child, regardless of his/her medication needs as described above, be denied access to its programs.

In emergency situations that require an employee of the City of Regina to assist a child requiring emergency medication attention, which may be beyond the scope of the procedures outlined, the employee shall take immediate action that is relevant to the situation.

## GUIDELINES

1. In these guidelines, "staff" means employees of the City and does not include volunteers.
2. If a child requires medication to be administered during a program, an Administration of Medication Form must be completed by the child's parent or legal guardian and be on file in the location the child is attending.
3. If there is any question or doubt by a staff member about a medication, the staff member shall contact the parent or legal guardian, doctor or pharmacist.  
N.B. - Under no circumstances should City of Regina staff administer Aspirin, tylenol, cough syrup or any other over-the-counter, non-prescription drugs unless the Administration of Medication form has been completed and is on file.
4. The supervisor of the facility, in consultation with the staff, shall designate staff to be responsible for the administration of medication.
5. Individual staff members may not be compelled to administer medication to any child.
6. The Supervisor of the facility shall ensure

- a. that designated staff members have been sufficiently trained with respect to:
  - i. the nature of the medication
  - ii. the needs of the individual children
  - iii. the method of administration
- b. the safe storage of all medication;
- c. designated staff are provided with rubber gloves; and
- d. that the medication is administered in a manner that respects the children's dignity.

7. The parent or legal guardian must:

- a. contact the facility supervisor if there is a change in medication or dosage; and
- b. send only the daily medication requirements to the program unless other arrangements are made with the facility supervisor.

**ADMINISTRATION OF MEDICATION IN AN EMERGENCY SITUATION (i.e., Allergic Reaction)**

The procedures in this part relate specifically to an emergency situation of a server allergic reaction requiring medical treatment.

1. In this part:

- a. ANAKIT means a non-prescription injectible anti-spasmodic drug used as an antidote for severe allergic reaction (anaphylaxis); and

- b. EPIPEN (Epipen Jr.) means a non-prescription automatic injectible anti-spasmodic drug used as an antidote for severe allergic reaction (anaphylaxis)
2. In response to a parent or guardian identifying a participant who may require emergency attention because of severe allergic reaction, the facility supervisor shall:
    - a. require the parent or legal guardian to provide the facility with the ANAKIT\* or EPIPEN\*\* and a completed **ADMINISTRATION OF MEDICATION** form;
    - b. prepare, in consultation with the parent or guardian, a written action plan;
    - c. make facility employees aware of the identity of the participants; and
    - d. arrange a training or information session for facility and staff and instructors involved in, the participant's program regarding the written action plan and the administration of the ANAKIT or EPIPEN.

### **Life Threatening Allergy Guidelines**

The City of Regina recognizes that some children attending registered and drop-in programs may have life threatening allergies.

When people register in a City of Regina program, their letter of confirmation will now make reference to life threatening or medical conditions the participant might have. It is the responsibility of the parent/caregiver to request medical/allergy alert found from the program staff at the start of the program so as to alert staff of any potential problems.

When a child has been identified with a life-threatening allergy it is the responsibility of the parent/guardian to consult with the City of Regina program staff to ensure the safest environment for the child.

All staff members must be informed and recognize the child at risk and be aware of the procedures to be followed and who to contact. Photographs of the child at risk should be posted where all staff will see it. An individualized plan must be developed for each child at risk including the location and storage of medication.

Medical alert bracelets and necklaces should be worn by all participants with life threatening allergies. Parents are responsible for providing this item.

Food/beverage/candy will not be distributed to any registered programs unless otherwise specified. For example food or candy should not be given out at any

swimming programs but may be given out at some after school drop in programs.

Participants with allergies should eat only foods brought from home. Trading and sharing of food with any participants in the program should be discouraged.

**CITY OF REGINA: COMMUNITY SERVICES DEPARTMENT  
LEISURE SERVICE DEPARTMENT  
ADMINISTRATION OF MEDICATION FORM**

**Participant:** \_\_\_\_\_ **S.H.S.P.#** \_\_\_\_\_

**Birth date:** \_\_\_\_\_

**Parent(s) / Guardian(s):**

**Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

**In Case of an Emergency Contact:**

**Name:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Pharmacy:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Medication Prescribed	Dosage	Time to be Given	Side Effects
1.			
2.			
3.			

\*for further information on the above medication call DIAL ACCESS 1-800-665-3784

Other pertinent information:  
\_\_\_\_\_

**PARTICIPANT IS REGISTERED IN:**

Program: \_\_\_\_\_

Facility Location: \_\_\_\_\_

Supervisor: \_\_\_\_\_

**REQUEST FOR AUTHORIZATION**

I hereby request and authorize the administration of the following

prescribed medication for my child \_\_\_\_\_

by non-medically trained staff at \_\_\_\_\_, City of Regina.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent or Guardian)

**Bibliography**

Peanut Butter-less Lunches, produced by Nutrition Services, Halton Regional Health Department.

Peanut allergy in perspective, Health News - Vol. 14 No. 6, December 1996



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