

ADMINISTRATION OF MEDICATION TO STUDENTS - DOCUMENTATION IN TIENET

Through the NS Program Planning Process, the Teaching Support Team or Student Planning Team will create and complete the **Administration of Medication** documentation in TIENET, for a student who requires school personnel to support the administration of medication(s) approved by an **authorized prescriber** during the school day or for school-related activities and events. **Authorized Prescriber**: An individual with prescriptive authority granted through legislation with the required knowledge to prescribe safely. Examples include physicians, nurse practitioners, pharmacists, dentists, and ophthalmologists.

To create the **Administration of Medication** documentation in TIENET, use the student's **Create New Document** drop-down menu to choose **Administration of Medication** under **Health – School/Board/RCE Documents**, then press **Go**. The **Label/Comment** section is optional.

Create New Document:	(Select)		\sim	Go
	Confidential R	ecord - School/Board/RCE Documents	^	
V Documents for 20	Consent Forn	ns & Information Sharing Forms	Ħ	ification
✓ Health - School/E	Confidential R	ecord - External Documents		
	Medical/Phys	ical Health	Ħ	
Nursing Progress	Nursing Progress 1 Health - School/Board/RCE Documents /2023			/2023 Fri, 0
	Administratio	n of Medication to Students	R.	
Health Plan(s) of C	Consent for Nursing Services			
Student Insulin Pla	Health Plan(s) of Care	R	

Once the document is open, under the Administration of Medication Information section, use the Authorization/Directions Form link to access the first form. It gets downloaded, saved under the student's name and e-mailed (or printed, if e- mail/Internet access is not available) and then sent to the parents/guardians/family to have completed and returned. If the document is printed and completed manually, if possible, the information should be transcribed into the electronic version when the completed plan is returned to the school.

	Administration of Medication to Studer
Student Profile	
Name: TEST, STUDENT	Gender:
Date of Birth:	Student ID Number: TEST
Self-Identification Indigenous: No	Ancestry:
School:	Principal:
School Year: 2020-21	Grade:
Parent(s)/Guardian(s):	Homeroom:
Home Phone (xxx-xxx-xxxx):	Health Card Number:
Administration of Medication Information	
Authorization/Directions Form - Click on the link, save the file to your computer, open the file in Adobe Acrobat, compl Administration of Medication RECORD - Print the form and complete manually.	lete the fillable form, and then attach the file to this document. Remember to
 Attached the signed Authorization/Directions Form (Required) Attached other documentation (i.e., Pharmacy information, Health Care Provider information, etc.) 	
Student Planning Team	

Once the completed **Authorization/Directions Form** is returned, **upload** the completed signed form as an attachment to the original **Administration of Medication** document.

Student Planning Team				
Parent/Guardian:				
(D) isokwe / non-isokwe	Position:			
(ID) [sosiue/ enricesue	Position:			
	(ID) [ISSING / nan-issing			

The names and positions of members of the **Student Planning Team** are noted. The completed **Administration of Medication** documentation and any supporting information will be reviewed by the **Student Planning Team** and distributed as needed. Once this is completed, the form called **Administration of Medication RECORD** (linked beneath **Authorization/Directions Form**) is printed and used each time medication is administered to the student. School teams will print related documents and set up a system at school that ensures the safe, accurate administration of the medication (perhaps using a binder or file folder system kept in the office or a safe place close to where the medication is stored).

Note: If there is a Health Plan of Care that includes the authorization for the administration of **emergency medication**, (e.g. epinephrine auto-injector, glucagon, and/or seizure rescue medication) the **Authorization/Directions Form** part of the Administration of Medication documentation is **NOT** required as the information is already part of the student's Health Plan of Care. In the event that emergency medication is administered to a student, the **Administration of Medication Record** will be completed.

Administration of Medication Information	
Authorization/Directions Form - Click on the link, save the file to your computer, open the file in Adobe Acrobat, complete the fillable form, and then attach the file to this document.	
Administration of Medication RECORD - Print the form and complete manually.	

EMBEDDING STUDENT PHOTO TO ADMINISTRATION OF MEDICATION ATTACHMENT

<u>Note</u>: the following directions may not work exactly as documented, depending on your computer editor. To attach the student's photo to an **Administration of Medication** attachment, find the student photo in PowerSchool or TIENET (available on all documents or the General Demographics/Parent Guardian Information page of the Student Profile). Right click on the photo, choose **Save Image As** ... and save on the desktop as a **JPG image** type. Open the <u>downloaded</u> **Administration of Medication** attachment from desktop, click *Place Photo Here*, then **Browse** to Select Image. **Double-click or Open** to select the photo file (making

sure that JPG is chosen from the drop-down menu beside File Name at the bottom), then **OK**. The photo should then display on the **Administration of Medication** attachment. If an incorrect photo is accidently attached, use the same directions and click **Clear Image**, then **OK**, and start again.

	Select Image
Place Photo Here	Sample
	OK Cancel