

## Medication Form Requirements

| Type of Medication   | Examples of Medication   | Required Forms  |
|--|--|---|
| <b>Routine</b><br>Taken regularly at a specific time/s of day over a period of time (either short-term or long-term).                            | Antibiotics<br>Ritalin<br>Enzyme tablets<br>Insulin<br>Asthma reliever | <b>Form A</b> - completed by parent/Legal Guardian<br><b>Form B</b> - <i>may be required if instructions for administration are ambiguous</i>   |
| <b>As needed</b><br>Administered only in response to certain symptoms (e.g., rash, irritated eyes, migraines).                                   | Paracetamol<br>Topical creams/ointments<br>Asthma reliever             | <b>Form A</b> - completed by parent/Legal Guardian<br><b>Form B</b> - completed by Dr   |
| <b>Emergency Medical Conditions</b><br>Administered as part of an Action Plan response.<br>(e.g., asthma, anaphylaxis, epilepsy, diabetes, etc.) | Antihistamines<br>EpiPen<br>Asthma reliever<br>Midazolam               | <b>Form A</b> - completed by parent/Legal Guardian<br><b>Action/Management Plan</b> - completed by Dr:<br>• Anaphylaxis/Asthma action plan, Diabetes action/management plan, Epilepsy action/management plan or Other medical action/management plan.<br><b>Form B</b> - must be provided if an action/management plan is not provided.<br><b>Individual Health Support Plan</b> - completed by parent/Legal Guardian |