

ADMINISTERING MEDICATION TO STUDENTS

Medication Administered During the School Day: In order to maintain a safe and protective control of medication taken during the school day the following shall occur:

1. The medication will be delivered by the parent, guardian or responsible adult in the original container properly labeled (prescription label) with the student's name the physician's name, the date of the original prescription, the name and strength of medication and directions for administration.
2. The parent/guardian shall complete and sign a written authorization from for the administration of all medication.
3. A written doctor's order which includes the name of the medication, the dose the time it is too be taken, and the length of time the child is to be taking the medication.
4. If the school nurse is not available the building principal of designee is permitted to assist students in taking required medication.
5. Not more than one month's supply of a prescribed medication shall be stored in the school.
6. Prescribed medication should not be taken during school hours, if it is possible to achieve the medical regimen at home, before or after school.
7. The school nurse shall develop and implement procedures regarding receipt and safe storage of prescription medication.
8. Non-prescription medication may be given by the school but shall only be administered to a student after written parent/guardian permission is obtained. Each parent/guardian shall have the opportunity to give such permission on the annual student health update form at the time of enrollment each school year.
9. Medication shall be picked up by the parent or guardian when discontinued. All student medication will be picked up by the last day of the school year or it will be properly disposed of by the school nurse.
10. The State Law states that a child may not take medication for any reason without written permission from the child's parent or legal guardian. Permission slips are available in the health office.

Emergency Medication: Prescribed emergency asthma inhalers and Epinephrine auto-injectors will be kept with the student or in a designated location in the health office. In all cases where epinephrine is administered Emergency Medical Services will be accessed and parent notification will occur. Written permission from the parent and physician is required each school year.

Guideline for Recording A plan for recording prescribed medication taken by each student including date, time and quantity – initials of person assisting the student must be set up.

Administering Medication to Students

1. Each school shall keep a record of the medication taken by a student and will show; the date, time given, medication name, dosage and signature of the medication administrator.
2. The school nurse or designated personnel shall be responsible for recording quantity of medication delivered to the school. Refused medication or lack of supply will also be recorded.
3. The recording cannot be altered. If an error occurs, a line is to be drawn through the entry and correct data recorded in the line below and signed,
 - a. Such a record shall be available to representatives for the State Division of Public Health and/or State Department of Education.
 - b. Each record should be kept in a designated place for three years from the date of last transaction (entry) recorded in the records.
 - c. Physicians' written orders and written authorization of parents or guardians should be filed with the student's cumulative health record and kept for a minimum of three years.

Administration of Prescription Medication in School

New Hampshire State Board of Education Policy concerning the taking of medication in school requires that the following steps be completed before any medication may be given during school hours:

1. A written doctor's order which includes the name of the medication, the dose, the time it is to be taken, and the length of time the child is to be taking the medication and the reason why the medication is prescribed.
2. Authorization for prescription medication during the school day signed by the parent/guardian.
3. The medication (in the original prescription bottle) should be brought to school **by the parent / guardian**. Please ask your pharmacist to provide an extra labeled bottle for your child to keep at school for field trip

Physician's Statement

I hereby instruct the designated member of the school staff to assist

(Student name) _____ with taking (amount) _____ of
(medication) _____ at (time) _____ for
(# of days) _____

Reason for medication:

Date _____ Physician's Signature: _____

Authorization for Prescribed Medication during School

I, parent/guardian of _____, request that this child be assisted in taking his/her medication during school hours. I agree, by signing this form, that I will not hold liable the school, the school nurse, or any member of the school staff in assisting my child in taking his/her medication.

Date: _____ Signature: _____

**CONTRACT BETWEEN STUDENT, PARENT, NURSE, AND DOCTOR FOR
PERMISSION TO CARRY INHALERS**

1. Student has demonstrated to the nurse correct use of the inhaler.
2. Student agrees to never share the inhaler with another person.
3. Student agrees to notify the nurse when the inhaler has been used.
4. Doctor's order to carry and self – administer inhaler is attached.
5. A spare inhaler will be kept in the Nurse's Office; in case the student forgets theirs or run out

Student Signature: _____

I give permission for my child _____ to carry the inhaler described below. I understand that he/she must follow the rules listed above. I will notify the school of changes in medication or my child's condition.

1. _____
(Name of Medication) (Dose) (Frequency)

2. _____
(Name of Medication) (Dose) (Frequency)

Parent/Guardian Signature: _____ Date: _____

School Nurse Signature: _____ Date _____

ADMINISTERING MEDICATION TO STUDENTS

Epi-Pen Authorization

Parent/Guardian Authorization for school personnel to administer Epinephrine

Name of Student: _____ **Date:** _____

I _____ (printed name), am the parent/guardian of the student named above. I have provided to the school an Epi-Pen, namely an emergency-ready injection of epinephrine for the treatment of anaphylaxis for an allergy to _____ (list allergy). This has been prescribed for the student by a physician.

I permit trained school personnel to be able to administer epinephrine to the student in the event of an emergency. I understand that in the event that the Epi-Pen is administered, Emergency Medical Services will be called and I will be notified.

The school nurse and/or school principal have addressed any questions I have regarding the use of the Epi-Pen by school personnel.

Parent/Guardian Signature: _____ **Date:** _____

Contract between Student, Parent/Guardian, Nurse, and Doctor for Permission to Carry Epi-Pen Autoinjector

1. Student has demonstrated to the nurse correct use of the Epi-Pen Autoinjector.
2. Students agrees to never share the Epi-Pen Autoinjector with another person,
3. Student agrees to notify the nurse when the Epi-Pen Autoinjector has been used
4. Doctor's order to carry and self administer Epi-Pen Autoinjector is attached.
5. A spare Epi-Pen Autoinjector will be kept in the Nurse's Office, in case the student forgets theirs or runs out.

Student Signature: _____

I give permission for my child _____ to carry the Epi-Pen Autoinjector described below. I understand that he/she must follow the rules listed above. I will notify the school of changes in medication or my child's condition.

1. _____
(Name of Medication) (Dose) (Allergy)

Parent Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____

Adopted: December 13, 2011

Revised: June 2, 2020