

ADMINISTERING MEDICATION TO STUDENTS

Procedures in the matter of medications in school

Acetaminophen (Tylenol) and Ibuprofen (Advil) may be provided by the school but shall only be given to a student after written parent/guardian permission is obtained. Each parent/guardian shall have the opportunity to give such permission at the time of enrollment each school year.

Personal Epinephrine should be kept in close proximity to students at risk of anaphylaxis due to allergic reaction in all cases where it is administered, the student must be sent to the hospital immediately.

Medication Brought from Home: Provided the following conditions are met and with written parental request, pupils may take prescription and/or non-prescription medications which are brought from home.

- Students taking medication while at school or at a school-related activity must register and leave their medicine with the principal's office/school nurse's office unless the student has been authorized by the school principal to carry medications due to a pressing medical need.
- The medication should be delivered by a parent, guardian or responsible adult in the original container properly labeled 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.
- The parent/guardian shall complete and sign a written authorization form for the administration of all medication.
- The school nurse shall obtain additional information regarding medication, such as side effects of the drug, results of possible refusal of child to take medication, etc.
- All prescribed medication shall be stored in a designated and secure place. The principal or his designated representative shall be responsible for the key or combination of the locked cabinet.
- Not more than one month's supply of a prescribed medication shall be stored in a school.
- Unused medication shall be picked up by the parent or guardian within ten days, or disposal by the school nurse will be carried out and recorded.

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

1. Each school shall keep a record of the medication taken by a student and will show: the date, time of administration, the kind and quantity of medicinal preparation, the name of the prescribing physician, and the signature or initials of the adult present.
2. If the student refuses to take or spills medication, or medication is lost or has run out, such shall be recorded as such.
3. The recording cannot be altered; if an error occurs, a line is to be drawn through the entry and correct data recorded in line below and signed.
 - a. Such a record shall be available to representatives from 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 book.

Student Health Records: Physicians' written orders and the written authorization of parents or guardians should be filed with the student's cumulative health record and kept for three years.

An appropriate summary completed at least once every school year for each medication prescribed and taken should become part of the student's health record.

The State law forbids any child for any reason to take medication without written permission of the child's parent or legal guardian. Permission slips are available in the nurse's office.

See parental request form on the next page.

Adopted: July 16, 2002
Revised: 8/24/04

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**PARENTAL REQUEST FOR GIVING
PRESCRIBED MEDICATION AT SCHOOL**

I request the Nurse or staff member to assist my child, _____
(Name)
in taking the medication prescribed, _____
(Name of Medication)
for _____
(Diagnosis)

Prescription Number: _____ Pharmacy: _____

Dosage/Administration: _____

By Dr. _____, for the period from _____
(Date)
to _____. *(Not more than one month of prescribed medicine may be stored in school)*
(Date)

The medication will be delivered directly to the school nurse, principal or designated staff member by the parent or guardian.

The medication should be delivered by a parent, guardian or responsible adult in the original container properly labeled 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.

I, the parent or guardian, agree by signing this request and "Hold Harmless" statement that I shall not hold liable any member of the school staff who is directed by me to assist my child in taking said medicine.

Signature: _____
(Parent or Legal Guardian)

Date: _____ School: _____

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**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 attached.
5. A spare inhaler will be kept in the Nurse's Office, in case the student forgets theirs or it runs 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 Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____