

## 5330 - USE OF MEDICATIONS

The Board of Education shall not be responsible for the diagnosis and treatment of student illness. The administration of prescribed medication and/or medically-prescribed treatments to a student during school hours will be permitted only when failure to do so would jeopardize the health of the student, the student would not be able to attend school if the medication or treatment were not made available during school hours, or the child is disabled and requires medication to benefit from his/her educational program.

For purposes of this policy, "medication" shall include all medicines including those prescribed by a physician and any nonprescribed (over-the-counter) drugs, preparations, and/or remedies. "Treatment" refers both to the manner in which a medication is administered and to health-care procedures which require special training, such as catheterization.

Before any prescribed medication or treatment may be administered to any student during school hours, the Board shall require Form 5330 F1 be completed and authorized by the Principal or School Nurse. This form includes a written prescription from the child's physician accompanied by the written authorization of the parent.

Before any nonprescribed medication or treatment may be administered to any student during school hours, the Board shall require Form 5330 F1 be completed and authorized by the Principal or School Nurse. This form includes a written prescription from the child's physician accompanied by the written authorization of the parent.

Only medication in its original container; labeled with the date, if a prescription; the student's name; and exact dosage will be administered. Parents, or students authorized in writing by their physician and parents, may administer medication or treatment.

Staff members are to administer medication or treatment only in the presence of another adult, except in the case of an emergency that threatens the life or health of the student. Staff licensed as professional registered nurses are exempt from this requirement.

All staff authorized to administer medication or treatment will receive training on this policy and the Superintendent's guidelines, as well as appropriate procedures for administering the medication or treatment. This training shall be provided by qualified individuals with both knowledge of the District's policy and procedures and the administration of medications or treatment. Where possible, this training should be provided by a licensed registered nurse, a licensed physician's assistant, or a licensed physician.

Medication shall be kept in a locked container in the school office or nurse office. Emergency medications may be stored in an area readily accessible to the individual designated to administer them.

The Board shall permit the administration by staff of any medication requiring intravenous or intramuscular injection or the insertion of a device into the body when both the medication and the procedure are prescribed by a physician and the staff member has completed any necessary training.

Students who may require administration of an emergency medication may have such medication in accord with the Superintendent's administrative guidelines.

Students may possess and self-administer a metered dose or dry powder inhaler for relief of asthma, or before exercise to prevent onset of asthma symptoms, while at school, on school-sponsored transportation, or at any school-sponsored activity in accord with the Superintendent's guidelines, if the following conditions are met:

- A. There is written approval from the student's physician or other health care provider and the student or parent/guardian (if student is under eighteen (18)) to possess and use the Inhaler (Form 5330 F1)

and

- B. the building administrator has received a copy of the written approvals from the physician and the parent/guardian.

and

- C. there is on file at the student's school a written emergency care plan prepared by a licensed physician in collaboration with the student and his/her parent/legal guardian. The plan shall contain specific instructions on the student's needs including what to do in the event of an emergency.

Students with a need for emergency medication may also be allowed to self possess and self administer such medication, provided that they meet the same conditions established above. Students who are prescribed epinephrine to treat anaphylaxis shall be allowed to self possess and administer the medication if they meet the conditions stated above.

A building administrator may discontinue a student's permission to self-administer and self-posses following consultation with the parent/guardian if the student misuses the medication.

Students shall be permitted to possess and self-administer U.S. Food and Drug Administration (FDA) approved, over-the-counter topical products while on school property or at a school-sponsored event provided the student has submitted prior written approval of his/her parent/guardian to the Principal or other chief administrator of the student's school.

This policy and the administrative guidelines developed to establish appropriate procedures shall be implemented in such a manner to comply with District's obligations and the student's needs under any Individualized Education Plan, Section 504 Plan, or other legally required accommodation for individuals with disabilities.

The Superintendent shall prepare administrative guidelines to ensure the proper implementation of this policy.

AUTHORIZATION FOR MEDICATION OR TREATMENT AT SCHOOL

To the Parent:

THE FOLLOWING INFORMATION IS NECESSARY FOR A STUDENT TO USE MEDICATIONS OR TO RECEIVE TREATMENT IN SCHOOL. ALL SPACES MUST BE COMPLETED ON BOTH SIDES PRIOR TO IMPLEMENTATION.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Non-prescription medication must be in the original container with the label intact.
- An adult must bring the medication to the school.
- The school nurse (RN) will call the prescriber, as allowed by HIPPA if a question arises about the student and/or the student's medication.

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 Name of Student

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 Date of Birth

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 School

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 Grade

A. I am requesting permission for my child named above to:

\_\_\_\_\_ receive prescription medication/treatment

\_\_\_\_\_ receive over-the-counter medication/treatment

\_\_\_\_\_ self-carry/self-administer emergency medication

*\* This request requires that a written emergency care plan from the prescriber be attached to this form.*

B. I will assume responsibility for safe delivery of the medication to school.

C. I will notify the school immediately if there is any change in the use of the medication or the prescribed treatment.

D. I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability foreseeable or unforeseeable for damages or injury resulting directly or indirectly from this authorization.

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 Signature of Parent

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 Date

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 Telephone

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 Other Telephone

PRESCRIBER STATEMENT

To the Prescriber:

The School District requires that all of the following information be provided before it will administer medication or treatment to the student.

Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_

I have prescribed the following medication \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Condition for which medication is being administered: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Dose: \_\_\_\_\_

Route: \_\_\_\_\_

Time/frequency of administration: \_\_\_\_\_

If PRN, frequency: \_\_\_\_\_

If PRN, for what symptoms: \_\_\_\_\_

Relevant side effects:  None  Specify: \_\_\_\_\_

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

Ending Date \_\_\_\_\_

*(This order may be valid for up to one school year, including the summer session.)*

Specific authorization is provided by the prescriber for the student to self-carry/self-administer. This permission applies to emergency medication only.

*\* This request requires that a written emergency care plan from the prescriber be attached to this form.*

Prescriber's Signature: \_\_\_\_\_

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

Prescriber's Printed/Typed Name \_\_\_\_\_

Title: \_\_\_\_\_

SCHOOL REVIEW & AUTHORIZATION

The following staff members are authorized to administer the above-prescribed medication/treatment:

\_\_\_\_\_

\_\_\_\_\_

Principal/School Nurse Signature \_\_\_\_\_

Principal/School Nurse Printed Name \_\_\_\_\_

Date \_\_\_\_\_