

The health of each student is an important factor in the learning process. Cooperation among the health department, the private medical sector, the home, and the school is essential. In general, the administration of medication to students while in the schools is to be avoided.

Medications should be given at home when possible. Treatment schedules which allow doses to be given at times other than during school hours are preferred and encouraged. When, however, a parent, physician, or health officer directs that medication should be administered to a student during school hours and certified health personnel are unavailable, the principal should arrange for the administration of the medication(s). Medications given to students under these non-preferred circumstances must be administered as per written protocol, approved and signed by a physician and/or health officer and parent(s). The principal, with the advice of health department personnel, will be responsible for the establishment of a safe method of storage for medication(s).

Procedures requiring invasion of the skin are to be performed only by a licensed practitioner.

This policy does not supersede local county or state governmental policies.

Individual protocols are needed to address those students with a history of systemic reaction to known allergens. Schools should develop emergency plans of action to address allergic reactions occurring in students with no previous history of anaphylaxis.

In the event the administering of medication to a student during school hours is necessary, the school must provide control and supervision of the administration of the medication as detailed below:

1. The principal/head teacher or a staff member (having informed and secured approval by the principal) shall be responsible for administering medication to students and storing all medication. All medications must be stored in a secure, locked, clean container or cabinet accessible only to the responsible authorized school personnel.
2. All medications must be brought to the principal or staff person responsible for administering them in the original pharmaceutical containers, clearly labeled as to the name of the student, the name of the medication, the appropriate dosage, and the time for each dose.
3. Any student who must have medication administered during school hours as a condition of being able to attend school without endangering his health or who is taking medication for a period of time exceeding 20 school days, shall file with the principal of the school a medication authorization, signed by the parents or legal guardians of the student, and in a form prescribed and made available by the Conference K-12 Board of Education and attached to this policy. The form shall provide clear instructions from the prescribing physician as to the method or manner such medication is to be administered, including the quantity or dosage to be administered and frequency, together with any potential reaction or other cautioning instructions in connection with the usage of the drug. The medication will be administered only in accordance with the written instructions from the child's physician. The parents or guardians shall authorize the staff member administering the medication to correspond directly with the child's physician in the event the staff member deems it appropriate or necessary. (See attached forms.)

4. The staff member administering the medication shall be responsible for maintaining a log for each student specifying the name of the student, the name of the medication, the date, time and amount of each dosage and any reaction by the student to the medication.
5. Medication Related Emergencies:
 - a. An allergic reaction to medication can happen at any time, no matter how long the child has taken the medication. The most common symptoms are rash, itching, swelling, breathing problems, nausea, diarrhea or bluish color of skin.
 - b. Call the parent and/or school nurse immediately. If the situation is life threatening,
 - c. Never leave a child who is suspected of having an allergic reaction unattended.

Non-prescription medications such as aspirin, cough medications, over-the-counter allergy medications, etc. may NOT be administered to students by school staff. Only a licensed practitioner or school nurse may dispense non-prescription medications. Students may self-administer non-prescription medicines provided they bring only one or two days' dosage rather than a whole bottle. However, the medication should be given to the school authority by the parent until the child needs it. The parent should also complete an "Over-the-Counter Medication Permission" form.

This policy does not supersede local county or state governmental policies.

Medication Administration Form

If this form is properly completed and returned to the school principal, the designated staff member may assist parents when their chosen physician has prescribed medication for the student. The medication will only be given if it is delivered to the principal or his/her designee in the original bottle, labeled with the student's name, dosage, physician, pharmacy, and name of the drug.

Student's Name _____ Birth Date _____

School _____ Grade _____

Statement of Physician

Medication _____ Date of Prescription _____

Physician's Name _____ Phone Number _____

Allergies _____

Dosage and Time(s) for Administration _____

Illness Requiring Medication _____

Possible Medication Side Effects _____

Physician's Signature _____

Physician's Address _____

Statement of Parent/Guardian

The undersigned hereby releases and agrees to hold harmless and to indemnify the employees from any liability whatsoever occasioned by the administration or non-administration of the above instructions.

The undersigned also authorized the prescribing physician, named above, to discuss with the principal or his/her designee any matter regarding the medication to be administered.

Signature of Parent/Guardian Home Phone Work Phone

E-mail Address Cell Phone

Date

School: _____

OVER-THE COUNTER MEDICATION PERMISSION FORM

Complete this form to allow middle school and academy students to self-administer certain over-the-counter medications such as Tylenol, acetaminophen, Motrin, Advil, ibuprofen, Midol, aspirin, antacid and cough and throat lozenges. The student and parent will be responsible for the following:

1. Obtaining, reading and signing this written permission form before the student is allowed to self-administer over-the-counter medications.
2. Ensuring the medication must be in its original container and legibly labeled with the student's full name.
3. Reminding the student he/she is not permitted to give his/her medication to other students.
4. Ensuring that the licensed school nurse or school administrator has a copy of this signed permission form on file in the clinic/office.

Date _____

Student _____

Name of Medication _____

I hereby release and discharge and further agree to indemnify, hold harmless, or reimburse the School, its employees, agents, representatives, and all other officials, from any and all claims, actions, suits, losses, costs, expenses and liability in case of accident or any other mishap because of negligence in administering such medication or because of side effects, illness or any other injury which might occur to my child through administering such medication. And, I hereby release said aforementioned board, district, employees and officials from any liability, suit or claims of whatever nature and kind, which might arise as a result of administering the medication in accord with this request. I accept legal responsibility for my child should the above medication be lost, given or taken by a person other than the above named student. If this should happen, the privilege of carrying medication will be revoked. I further release the _____ Conference and its employees of any legal responsibility when the above student administers his/her own medication.

Date _____
Signature of Parent/Guardian _____

I understand how much and when to take the above named medication. I will not allow another student to take my medication under any circumstances. I also understand that I should self-administer (take) my over-the-counter medication in the presence of a school official to continue this privilege.

Date _____
Signature of Student _____

I have seen the above-labeled medication bottle and have a copy of this permission form.

Date: _____ Signature: _____
School Official Administering/Overseeing the Medication

School: _____

**AUTHORIZATION FOR STUDENT TO CARRY
PRESCRIPTION ASTHMA MEDICATION, EPINEPHRINE
AUTO INJECTOR, OR DIABETIC MEDICATION**

_____ needs to carry the following prescription asthma medication, epinephrine auto injector or diabetic medication with him/her. The above-named student has been instructed in the proper use of the medication and fully understands how to administer this medication. (It is preferable that additional asthma medication, epinephrine auto injectors, or diabetic medication be kept in the principal's office in case the first is lost or left at home).

Medication Dosage and Directions

Licensed Health Care Provider's Signature & Stamp Date

I have been instructed in the proper use of my prescription-labeled medication and fully understand how to administer this medication. I will not allow another student to use my medication under any circumstances. I also understand that I will be subject to the consequences of the code of conduct should another student use my prescription. I also accept the responsibility for checking in with the principal to keep him/her informed of use of my medication in case I start having problems.

Student's Signature Date

I hereby request that the above-named student, over whom I have legal authority, be allowed to carry and use the prescription medication described above, at school. I hereby release and discharge and further agree to indemnify, hold harmless, or reimburse the

_____ School, its employees, agents, representatives, and all other officials, from any and all claims, actions, suits, losses, costs, expenses and liability in case of accident or any other mishap because of negligence in administering such medication or because of side effects, illness or any other injury which might occur to my child through administering such medication. I also hereby release said aforementioned school, employees and officials from any liability, suit or claims of whatever nature and kind, which might arise as a result of administering the medication in accord with this request. I accept legal responsibility should the above medication be lost, given or taken by a person other than the above-named student. I understand that if this should happen, the privilege of carrying the medication may be revoked. I also release the _____ Conference and its employees, representatives and officials of any legal responsibility when the above-named student administers his/her own medication. _____

Parent/Guardian Signature Date

Daily Log for Medication(s)
Intended for individual student records

School _____	Week of _____	Week of _____	Week of _____	Week of _____	Week of _____															
	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
Student: Medication: Dosage: Times:																				
Medication: Dosage: Times:																				
Medication: Dosage: Times:																				
Medication: Dosage: Times:																				