

POLICY # 1.1
ADMINISTERING MEDICATION TO STUDENTS

Under Oklahoma law, a school nurse, an administrator or designated school employee may administer prescription and nonprescription medications to students.

For purposes of this policy, "medicine" or medications includes prescription medications and over-the-counter medicines such as but not limited to aspirin, cough syrup, and medicated ointments and any other item used to treat an illness, disease or malady.

The term legal custodian means a parent, a court appointed guardian or a person having legal custody.

Except as provided below, students may not retain possession of or self-administer any medicine. Violation of this rule will be reported to the student's parents and may result in discipline including suspension.

Medicine shall not be administered to students by teachers or administrators, except pursuant to the provisions of this policy.

Only designated employees who have successfully completed specific training in the administration of non-prescription and prescription medications may administer such medications.

As further set out below, the District retains the discretion to reject requests for the administration of medication and to discontinue the administration of medication.

A student who has a legitimate health need for a medicine shall deliver the medicine to the school nurse or school administrator in its original container with the written authorization of the student's parent or guardian for administration of the medicine. The parent's authorization must identify the student, the medicine, and include or refer to the label for instructions on administration of the medicine. The medicine will be administered to the student only by the school nurse, an administrator, or a designated employee pursuant to the parent's instructions and the directions for use on the label or in the physician's written prescription.

A new authorization form must be completed for each change of medication. If there are no changes, the authorization must be renewed yearly. If a student brings medications to school without a properly completed authorization form the school will inform the student's legal custodian of district policy and the inability to give the medication. The student's legal custodian may, however, come to the school and dispense the medication to the student. When medication is completed and/or at the end of the school year the authorization form will be

placed in the student's health folder and will be deemed part of the student's health record. Forms for parental authorization of administration of medicines are available in the office of the principal.

The administration of each school shall keep a record of the students to whom medicine is administered, the date of administration, the person who administered the medicine, and the name or type of medicine administered.

Medications must be stored in a separate locked drawer and not readily accessible to persons other than the persons who will administer the medication. Medications requiring refrigeration will be refrigerated in a secure area.

Any person administering medicine to a student will be annually trained by October 1 of each year by a school nurse to administer medications. Only those successfully completing the training will be authorized to give medication. A current list of those authorized to give medication will be kept at each school and by the school nurse. Training will include:

- review of state statutes and school regulations (including this policy) regarding administration of medication by school personnel
- procedures for administration, documentation, handling and storage of medication
- medication needs of specific students, desired effects, potential side effects, adverse reactions and other observations

Students who are able to self administer specific medications (inhalers, etc.) may do so provided such medication and special equipment are transported and maintained under the students' control within all of the following guidelines:

- A licensed physician or dentist provides a written order that the student has a particular medical condition (asthma, et.), is capable of and has been instructed in the proper method of, self-administration of medication. It is the student's legal custodian's responsibility to contact the physician and have the physician complete and sign the required order.
- There is a written legal custodian authorization for self administration of medication
- Parents and guardians who elect to have the student self medicate are accepting that the District, its agents and employees shall incur no liability for any adverse reaction or injury suffered by the student as a result of the self-administration of medication and/or using the specialized equipment.

The written authorization will terminate at the end of the school year and must be renewed annually.

If the legal custodian and physician authorize self medication, the District is not responsible for safeguarding the students' medications or specialized equipment such as asthma inhalers.

Students who self medicate are prohibited from sharing or playing with their medication, special equipment, i.e., inhalers, etc. If a student engages in these activities the legal custodian will be contacted and conference will be scheduled with the legal custodian, student, nurse and other appropriate persons.

Students will not be allowed to self administer:

- narcotics
- prescription pain killers
- Ritalin
- other medication hereafter designated in writing by the District

Students may self administer injectables only in the school office in the presence of authorized school personnel.

The District strongly recommends that students who must self medicate should wear Medic Alert bracelets or necklaces.

The legal custodian will provide any emergency supply of their student's inhaled asthma medication to be administered by school personnel according to state law.

Nonprescription medication will only be administered by school staff with written authorization of the legal custodian. The nonprescription medication will be administered according to label directions or written instructions from the student's physician. The medication must be in the original container that indicates:

- student name (affixed to the container)
- ingredients
- expiration date
- dosage and frequency
- administration route, i.e., oral, drops, etc
- other directions as appropriate

Aspirin (acetylsalicylic acid) and products containing salicylic acid will only be administered with written instructions of the student's physician. It is the responsibility of the legal custodian to maintain the supply.

Prescription medication will only be administered by school staff with written authorization and instruction. Prescription medication must be in original container that indicates:

- student name
- name and strength of medication and expiration date
- dosage and directions for administrations
- name of the licensed physician or dentist
- date, name, address and phone number of the pharmacy

It is the responsibility of the legal custodian to maintain the supply.

Any medication that is not reclaimed by the legal custodian by the last official day of school closing or reclaimed within seven days of being discontinued by the prescribing physician will be destroyed by the designated employee or the school nurse in the presence of a witness according to the following procedures:

- Medication will be destroyed in a non-recoverable fashion
- Liquid medication will be poured into a sink or toilet
- Pills or tablets will be poured into toilet

The following information will be charted on the student's health card and signed by the designated employee and a witness:

- Date of destruction
- Time of destruction
- Name and quantity of medication destroyed
- Manner of destruction of medication

Any and all controlled substances will be destroyed according to state law.

The designated employee will advise the principal and school nurse if discontinuance of medication is appropriate and assist in informing the legal custodian before mailing a discontinuance letter. Legitimate reasons for discontinuing administration of medication would include but not be limited to:

- a legitimate lack of space or facility to adequately store specific medication
- lack of cooperation by the student, parent or guardian and/or prescribing doctor and the District
- an unexpected and/or adverse medical reaction to the medication at school, i.e., mood change, allergic reaction, etc., considered to be deleterious to the health and well being of the student
- Any apparent change in the medication's appearance, odor, or other characteristics that questions the quality of the medication
- the medication expiration date has passed

Administering Medicine to Students policy adopted August 11, 2003

PARENTAL AUTHORIZATION TO ADMINISTER MEDICINE

TO: _____

Name of Administrator _____

Name of School _____

I am the parent, guardian, or legal custodian with legal custody of _____, a minor student attending this school

This student requires medication at intervals during the school day.

I hereby give my consent and authorize the school nurse, the principal, or their designee (an employee of the school district designated by the school nurse, the principal, and me) to administer:

_____ any non-prescription medication and/or prescription medication which I am hereby supplying you in accordance with the directions for administration of the medicine which is attached hereto

_____ I hereby give my consent and authorize my child to self medicate under the School District's Policy on the Administration of Medicine to Students.

I understand that under state law the Board of Education, the School District, or employees of the district shall not be liable to the student or the student's parent or guardian for civil damages for any personal injuries to the student which result from acts or omissions of school employees in administering the medicine I have hereby authorized. I understand that the School District, its agents and employees shall incur no liability for any adverse reaction or injury suffered by the student as a result of the self-administration of medication and/or using the specialized equipment.

I agree to abide by all of the terms of the School District's Policy on the Administration of Medicine to Students, a copy of which will be given to me on my request.

Date: _____

Signature: _____

Print the name of Parent Who Is the Child's Parent or Legal Guardian

Address

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