

InstructionDispensing Medications

The administration of medication at school is strongly discouraged except when necessary for the student's health or education. The dosage intervals of many medications can be adjusted so the times for taking the medication come outside school hours. When possible, interval adjustment should be considered before administering medication at school. All medications administered by school district personnel shall be administered in accordance with the Medication Aide Act.

- A. Authorizations for Prescription Medications. Prescription medications which must be administered during school hours may be administered when the following are on file at school:
1. Physician's Authorization: A physician's signed, dated authorization including name of the medication, dosage, administration route, time to be given at school, and reason child is receiving the medication.
 2. Caretaker's Authorization: A caretaker's signed and dated authorization or permission to administer the medication during school. (Note: All references to "caretaker" in this policy shall mean a parent, foster parent, family member, or legal guardian who provides care for the student for whom medication is to be administered. The laws include a "friend" as a caretaker, but the school will not ordinarily recognize such an individual as a "caretaker" for the purposes of medication administration).
 3. Original Packaging: The medication is in its original packaging and is labeled as dispensed by the prescriber or pharmacist. The label must name the child and identify the medication, strength, time interval and route to be administered. Two labeled containers may be requested: one for home and one for school. If needed, the physician may be contacted for clarification on medication administration.
- B. Authorizations for Non-Prescription Medications. If a student must take non-prescription medication during school, procedures 2 and 3 above are to be followed before administration.
- C. Renewal of Authorizations. Medication authorizations must be renewed annually and updated immediately as changes occur.
- D. Documentation of Administration of Medication. The school district shall keep and maintain accurate medication administration records. A record of each dose of medication administered shall be documented reflecting the student's name, and the name of the medication, date, time, dosage, route, the signature and title of the person administering the medication and any unusual observations, and any refusal by the recipient to take and/or receive the medication. Medication documentation shall be kept

confidential in accordance with the policies and practices concerning student records, provided that medication administration records shall be available to the Department of Education and the Department of Health and Human Services Regulation and Licensure for inspection and copying according to the Family Education Rights and Privacy Act (FERPA) requirements. Such medication administration records shall be maintained for not less than two (2) years.

- E. Storage of Medications. Medication shall be stored in a locked or otherwise secure area in accordance with the manufacturer's or dispensing pharmacist's instructions or temperature, light, humidity, or other storage instructions. Only authorized school personnel who are designated by the administration of the school district for administration of medications shall have access to the medications. The school nurse shall establish procedures for monitoring the storage and handling of medication, the medication's expiration date, and the disposal of medication.
- F. Receipt and Disposal of Medications. Medication shall be delivered to school personnel and picked up by the parent. When medication is received, the amount received should be documented. Medication which is either past the expiration date or not claimed by the parent by the end of the school year shall be destroyed. Procedures for destroying medication shall include witness and documentation.
- G. Administration of Medication by School Personnel.
1. Administration of Medication: Administration of medication includes, but is not limited to:
 - a. Providing medications for another person according to the "five rights" (getting the right drug to the right recipient in the right dosage by the right route at the right time);
 - b. Recording medication provision; and
 - c. Observing, monitoring, reporting, and otherwise taking appropriate actions regarding desired affects, side effects, interactions, and contraindications associated with the medication.
 2. Authorized School Personnel: Administration of medication shall only be done by the following school personnel:
 - a. Health Care Professionals (School Nurses). This means an individual who holds a current license from the Department of Health and Human Services Regulation and Licensure for whom administration of medication is included in the scope of practice. For purposes of this Policy, such individuals are referred to as "school nurses."
 - b. Medication Competent Staff. This means a staff member of the school who has been determined to be competent to administer medication by: (i) a recipient with capability and capacity to make an informed decision about medications (at a minimum, the recipient must be age 19 or older), (ii) a caretaker for the student, or (iii) by the school nurse.

**CARETAKER AUTHORIZATION FOR
ADMINISTRATION OF PRESCRIPTION MEDICATION TO STUDENT**

The undersigned(s) is/are the caretaker(s), parent(s), guardian(s), or person(s) in charge of _____ ("the Student").

It is necessary that the Student receive _____ (medication), a physician-prescribed medication, during school intervals beginning on _____ (date) and continuing through _____ (date).

CHECK ONE (1) OF THE FOLLOWING BOXES

_____ I hereby authorize Adams Central Public Schools to allow the Student to administer the above-described medication to himself/herself without monitoring or supervision by school personnel.

_____ I hereby request Adams Central Public Schools, or its authorized representative, to administer the above-named medication to the Student, in accordance with the prescribing physician's instructions, and agree to:

1. Submit this request to the principal or school nurse.
2. Make certain the Physician's Request for the Administration of Prescription Medication by School Personnel is submitted to the principal or school nurse.
3. Make sure personally that the medication is received by the principal or school nurse and/or county nursing services administering it, in the container in which it was dispensed by the prescribing physician or licensed pharmacist.
4. Make sure personally that the container in which the medication is in is marked with the medication name, dosage, interval dosage, and date after which no administration should be given.
5. Submit a REVISED STATEMENT signed by the physician prescribing the medication to the principal or school nurse IF ANY OF THE INFORMATION PROVIDED BY THE PHYSICIAN CHANGES.
6. Provide directions to the school personnel providing the medication.
7. Provide monitoring of the medication's effects, and assume full responsibility therefor.

I understand that unlicensed school personnel may be assigned to provide medication to the Student and hereby release the School District and the Board of Education of the School District and all employees, agents, and representatives of the School District from any liability concerning the providing or non-providing of the medication to the Student.

DATED this _____ day of _____, 200_.

Work Telephone Number

Name of Student

Home Telephone Number

Parent/Guardian

Alternate Number for Parent

Parent/Guardian

**PROVISION OF MEDICATION TO STUDENT
PHYSICIAN'S REQUEST FOR ADMINISTRATION OF PRESCRIPTION
MEDICATION BY SCHOOL PERSONNEL**

Date _____

_____ (Student's full name) is under my care and must take medication which I have prescribed during the school day.

Name of medication (as it appears on container in which the medication is stored) _____

Dosage and time _____

Date provision of medication is to begin _____

Date after which the medication should not be provided _____

Possible adverse reactions to be reported to physician _____

Special instructions for the provision and storage of the medication _____

Print or Type Name of Physician

Primary Phone Number

Signature of Physician

Secondary Phone Number