

Jasper County Community Unit # 1

Medication Policy Handbook 2009-2010



Students should not take medication during school hours or during school-related activities unless it is necessary for the student's health and well-being. When a student's licensed health care provider and parent/guardian believe that it is necessary for the student to take medication during school hours or school-related activities, the parent/guardian must request that the school dispense the medication to the child and otherwise follow the District's procedures on dispensing medication.

No School District employee shall administer to any student, or supervise a student's self-administration of, any prescription or non-prescription medication until a completed and signed "School Medication Authorization Form" is submitted by the student's parent/guardian. No student shall possess or consume any prescription or non-prescription medication on school grounds or at a school-related function other than as provided for in this policy and its implementing procedures.

A student may possess an epinephrine auto-injector (EpiPen) and/or medication prescribed for asthma for immediate use at the student's discretion, provided the student's parent/guardian has completed and signed the "School Medication Authorization Form." Both pages of this form are available in the District's Medication Handbook. The School District shall incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-administration of medication or epinephrine auto-injector or the storage of any by school personnel. A student's parent/guardian must indemnify and hold harmless the School District and its employees and agents, against any claims, except a claim based on willful and wanton conduct, arising out of a student's self-administration of an epinephrine auto-injector and/or medication or the storage of any medication by school personnel.

Nothing in this policy shall prohibit any school employee from providing emergency assistance to students, including administering medication.

The Building Principal shall include this policy in the Student Handbook and shall provide a copy to the parent(s)/guardian(s) of students.

ADMINISTRATIVE PROCEDURES

Non-Emergency Administration of Student Medication

I. Definitions

- A. Medication - as used in this document will refer to both prescription and non-prescription drugs.
- B. Medical Professional - as used in this document may include physician assistant, advanced practice R.N. and Nurse Practitioner in addition to the following:
 - 1. Physician - a physician licensed to practice medicine in all of its branches including Medical Doctors and Doctors of Osteopathy.
 - 2. Dentist - a person licensed to practice dentistry in any of its branches.
 - 3. Podiatrist - a person licensed to practice podiatry.
- C. Prescription drugs - drugs requiring a written order for dispensing, signed by a licensed prescriber.
- D. Non-prescription drugs - medications which may be obtained over the counter without a prescription from a licensed prescriber.
- E. Long-term medication - medication utilized for treatment of chronic illnesses and includes both daily and PRN (as needed) medication.
- F. Standing orders - written protocol for using a medication, applying to the general use of that medication, as opposed to an order for a medication written for a specific individual.

II. Responsibilities of Parents/Guardians

- A. If the medication must be administered during the school day, parents/guardians must ask the health care provider to complete a School Medication Authorization Form as appropriate. The Form will provide information and dispensing instructions to the school, including side effects, if any. Parents must also complete the sections marked, ***For only parents/guardians of students who need to carry asthma medication or an EpiPen*** and ***For all parents/guardians*** as appropriate, which require parent initials or signatures. **The school will not store or dispense any medication unless these forms are completed and given to the school. The student will not be allowed to possess asthma medication on school grounds unless the appropriate forms are completed.** If a student is on a medication indefinitely, the parent/guardian must file a new School Medication Authorization Form yearly
- B. Bring the medication to the school office. However, if the medicine is prescribed for asthma, a student may keep possession of it for immediate use at the student's discretion.

Prescription medication must be brought to the school in the original package or appropriately labeled container. The container shall display:
 - 1. Student's name
 - 2. Prescription number
 - 3. Medication name/dosage
 - 4. Administration route and/or other direction
 - 5. Date and refill
 - 6. Licensed prescriber's name
 - 7. Pharmacy name, address and phone number
 - 8. Name or initials of pharmacist

- C. Bring non-prescription medications to school in the manufacturer's original container with the label indicating the ingredients and the student's name affixed.
- D. At the end of treatment, remove any unused medication from the school.

III. Responsibilities of School Office Personnel or School Nurse

- A. Provide a copy of the Medication Policy Handbook, including a School Medication Authorization Form, to inquiring parents/guardians.
- B. Accept medication brought to the office, provided the parent/guardian also submits a completed School Medication Authorization Form, and the medication is in the appropriate container. Put the medication in the appropriate locked drawer or cabinet. Tell the school nurse about the medication as soon as possible.
- C. Ensure that parent/guardian who brings medication for his or her child/ward has complied with this administrative procedure.
- D. In conjunction with the licensed prescriber and parents/guardians, identify circumstances, if any, in which the student may self-administer the medication and/or carry the medication.
- E. Store the medication in a locked drawer or cabinet. However, if the medicine is prescribed for asthma, a student may keep possession of it for immediate use. Medications requiring refrigeration should be refrigerated in a secure area.
- F. Plan with the student the time(s) the student should come to the office to receive medications.
- G. Document each dose of the medication in the student's individual health record. Documentation includes date, time, dosage, and the signature of the person administering the medication or supervising the student in self-administration.
- H. Assess effectiveness and side effects as required by the licensed prescriber. Provide written feedback to the licensed prescriber and the parents/guardians as requested by the licensed prescriber.
- I. Document whenever the medication is not administered as ordered, as well as the reasons.
- J. If the parents/guardians do not pick up the medication by the end of the school year, discard the medication in the presence of a witness.

IV. Responsibilities of School Principal

Supervises the use of these procedures.

Performs any duties described for school office personnel, as needed.

Performs any duties described for school nurses, as needed, or delegates those duties to appropriate staff members. Teachers and other non-administrative school employees, except school nurses, non-certificated employees, and registered professional nurses, shall not be required to administer medication to students.

Makes arrangements, in conjunction with the parents/guardians, supervising teachers, and/or bus drivers for the student to receive needed medication while on a field trip. Unless these arrangements can be made, the student must forego the field trip.

Jasper County Community Unit Schools
School Medication Authorization Form

To be completed by the child's parent(s)/guardian(s). A new form must be completed every school year.

Student's Name: _____ Birth Date: _____
Address: _____
Home Phone: _____ Cell Phone: _____ Emergency Phone: _____
School: _____ Grade: _____ Teacher: _____

To be completed by the student's physician, physician assistant, nurse practitioner, or advanced practice R.N.

Physician's Printed Name: _____
Office Address: _____
Office Phone: _____ Emergency Phone: _____

Medication #1

Medication Name: _____ Purpose: _____
Dosage: _____ Frequency: _____
Time medication is to be administered and under what circumstances: _____

Prescription date: _____ Order date: _____ Discontinuation date: _____
Diagnosis requiring medication: _____
Is it necessary for this medication to be administered during the school day? ___ Yes ___ No
Expected side effects, if any: _____
Time interval for re-evaluation: _____

Medication #2

Medication Name: _____ Purpose: _____
Dosage: _____ Frequency: _____
Time medication is to be administered and under what circumstances: _____

Prescription date: _____ Order date: _____ Discontinuation date: _____
Diagnosis requiring medication: _____
Is it necessary for this medication to be administered during the school day? ___ Yes ___ No
Expected side effects, if any: _____
Time interval for re-evaluation: _____

Medication #3

Medication Name: _____ Purpose: _____
Dosage: _____ Frequency: _____
Time medication is to be administered and under what circumstances: _____

Prescription date: _____ Order date: _____ Discontinuation date: _____
Diagnosis requiring medication: _____
Is it necessary for this medication to be administered during the school day? ___ Yes ___ No
Expected side effects, if any: _____
Time interval for re-evaluation: _____

Other medications student is receiving: _____

Physician's Signature

Date

Reverse side of form must be completed

Documentation

Dear Parent/Guardian:

Please sign the form below and return to the school secretary.

I have received a copy of the Student Medication policy for Jasper County Community Unit District #1.

Student's Name

Parent's Signature

Date