

USD#243 Lebo/Waverly
Medication Administration Guidelines

The staff and faculty of USD #243 shall adhere to the following written procedures concerning medication administration to students during school hours. Delegated personnel receive in-service education regarding "medication administration" from a registered nurse who provides supervision. Guidelines are as follows:

1. Written permission from a physician/dentist must accompany ALL prescription medication to be administered. The physician's prescription order should be dated and should identify the dosage, route to be given, time of day to be administered, and if applicable, anticipated number of days to be provided.
2. Written permission from a physician/dentist as well as a parental/guardian signature must accompany ALL "over-the-counter medications" such as aspirin, acetaminophen, ibuprofen, diphenhydramine, etc. The medication must be submitted to the school in its original container. The physician's order should be dated, should identify the dosage, route to be given, time of day to be administered, and if applicable, anticipated number of days to be provided.
3. If medication is given at home and at school, two separate medication containers, one for home and one for school, should be requested from the parent/guardian.
4. The initial dose of a medication should NOT be given at school.
5. If a new medication must be administered during school hours, students' should be observed for any possible medication reactions for approximately 15 to 20 minutes with a parent present. This observation may occur at the site of administration or in the classroom as part of the normal routine.
6. Any changes in types of drugs, dosage, route and/or time of administration should be accompanied by a new physician order as well as an updated parental consent. A newly labeled pharmacy container is required.
7. All medication maintained in the school setting must be kept in a locked office or container, and/or in a refrigerator in a locked area.
8. Medications should be inventoried each time a bottle of medicine is brought to the school nurse (delegated staff member) and documented on the student's medication log. Any out-of-date stock should be picked up by the parent or destroyed.
9. An individual record should be kept of each medication administered. The record should include:
 - student identification
 - physician prescribing medication and phone number
 - date prescribed
 - name of medication
 - route of administration
 - time to be given at school
 - possible side effects
 - signature of person administering
 - log of medication given (time and date)
 - section for comments
10. Over-the-counter medications should not be kept by students on school property, including athletic areas, unless a prescription is provided along with written parent consent to administer.

USD #243
Lebo/Waverly Public Schools
Medication Administration Consent Form

Student's Name: _____ Date: _____

Date of Birth: _____ Grade: _____ School Attending: _____

Parents/Guardians: _____ Address: _____

Phone Number (s): _____

Prescribing Physician: _____ Phone Number: _____

Name of Medication Prescribed: _____

Dosage: _____ Time/Frequency to be administered: _____

Name of Medication Prescribed: _____

Dosage: _____ Time/Frequency to be administered: _____

Date: _____ Physician Name (Printed): _____

Physician Signature: _____

I hereby give my permission for student (name) _____ to be administered the above listed medication(s) at school as ordered by their physician/dentist. I further understand that any school employee who administers medications to my student does so in accordance with the KDHE Delegation Guidelines (K.A. R. 605-15-102), and per the written instructions from the physician/dentist. The school employee will not be liable for injuries/damages as a result of an adverse medication reaction suffered by the student.

Prescription medications, as well as "over-the-counter" medications, must be provided in their original container(s) with the written prescription/physicians instructions, attached. *Medication may NOT be given without the required written consent.* This consent will expire at the end of the _____ academic year. Please pick up your student's medication when the school year is completed.

Date: _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

For further medication administration guidelines/requirements, please see your student's handbook.

Updated: October, 2013