

Policy Regarding Administration Of Prescription and Non-Prescription Drugs

Introduction:

The purpose of administering medication in school is to help each student maintain an optimal state of health to enhance his or her education. The administration of medication to students in school should be discouraged unless absolutely necessary for the student's health. An objective of any medication administration program is to promote self-responsibility. The intent of these guidelines is to assure safe administration of medications for those students who require them.

Definitions:

1. **Medication** - as used in this document will refer to both prescription and non-prescription drugs.
2. **Licensed Prescriber**-
 - a. **Physician** - a physician licensed to practice medicine in all of its branches including Medical Doctors and Doctors of Osteopathy.
 - b. **Dentist** - a person licensed to practice dentistry in any of its branches.
 - c. **Podiatrist** - a physician licensed to practice podiatric medicine.
 - d. **Optometrist** - a person licensed to practice optometry
 - e. **Physician Assistant** - a person licensed as a physician assistant in accordance with written guidelines required under the Physician Assistant Practice.
 - f. **Advanced Practice Nurse** - an advanced practice nurse in accordance with a written collaborative agreement required under the Nursing and Advanced Practice Act.
3. **Non-prescription drugs** - medication that may be obtained "over-the-counter" (OTC) without a prescription from a licensed prescriber.
4. **Prescription drugs** - Medication requiring a written order for dispensing, signed by a licensed prescriber.
5. **PRN (As Needed) Orders** - Orders by a licensed prescriber to administer a specific medication for a specific student under certain circumstances (e.g. inhaler for acute asthma attack).
6. **Self-administration** – medication administered by the student under the direct supervision of the school nurse or designee. The self-administration of medication may also include medication taken by a student in an emergency situation not under the supervision of a school nurse or designee and/or emergency medication carried on their person (e.g. asthma inhaler).
7. **Short-term medication** - medication administered over a short period of time to treat short-term illnesses, e.g. an antibiotic.
8. **Standing orders** - written protocol for administering a medication for all students as opposed to a PRN order for a medication written for a specific student, e.g. acetaminophen to be given to any student who has a headache.
STANDING ORDERS ARE NOT RECOMMENDED FOR SCHOOLS.
9. **Supervision** - monitor the administration of medication by legally qualified persons.

Guidelines:

1. Medications should be limited to those required during school hours which are necessary to maintain the student in school and those needed in the event of an emergency. **These guidelines do not prohibit any school employee from providing emergency assistance to a student.**
2. A program for administration of medications to students in schools must be developed and managed by the school nurse in accordance with the "Recommended Guidelines for Medication Administration in Schools" developed by the Illinois Department of Human Services and the Illinois State Board of Education, September 2000. When the school nurse is unavailable, a designated administrator (e.g. superintendent, principal) will be responsible for administering medication. Teachers or other employees cannot be required to administer medication, although they may volunteer to do so. The components of such a program are as follows:
 - a. Each dose of medication will be documented in the student's individual medication record which is part of the student's temporary record. Documentation will include date, time, dosage, route by which the medication is to be administered, and the signature of the person administering the medication or supervising the student in self-administration. In the event a dosage is not administered as ordered, the reasons will be entered in the record.
 - b. The certificated school nurse or registered nurse may, in conjunction with a licensed prescriber and parent(s) or guardian, identify circumstances in which a student may self-administer medication.
 - c. Effectiveness and side effects shall be assessed with each administration and documented as necessary in the student's individual medication record. Documentation of effects of long-term medications will be summarized as determined by the school nurse.
 - d. A procedure shall be established for written feedback to the licensed prescriber and the parent(s) or guardian at scheduled, appropriate intervals for long-term medication or as requested by the licensed prescriber.
 - e. Permission for long-term medication shall be renewed at least annually. Changes in medication shall have written authorization from the licensed prescriber.
3. All medications at school must be FDA approved pharmaceuticals, within labeled expiration date, prescribed within their therapeutic range and in compliance with accepted standards of safe treatment regimens.
4. Medications must be stored in a separate locked drawer or cabinet. Medications requiring refrigeration must be kept in a refrigerator separate from food products.
5. **A written order for all prescription and non-prescription medications must be obtained from the student's licensed prescriber.** The order includes:
 - a. Student's Name
 - b. Date of Birth
 - c. Licensed Prescriber Signature, Date, and Prescriber's Office and Emergency Phone Numbers
 - d. Name of Medication, dosage, route of administration, frequency and time of administration
 - e. Discontinuation Date
 - f. Diagnosis Requiring Medication
 - g. Intended Effect of the Medication /Possible Side Effects
 - h. Other Medications Student is Receiving
 - i. Time Interval for Re-Evaluation
 - j. Approval for Self-Administration
 - k. Approval for students to carry emergency medication on their person (i.e. inhaler, Epi-Pen)
6. Medication must be brought to the school in original packaging, labeled appropriately by the pharmacist or licensed prescriber. Prescription medication must display:
 - 1) Student's Name
 - 2) Prescription Number
 - 3) Medication Name and Dosage
 - 4) Administration Route or Other Directions

- 5) Date and Refill
- 6) Licensed Prescriber's Name
- 7) Pharmacy Name, Address and Phone Number
- 8) Name or Initials of Pharmacist

b. Over the counter (OTC/non-prescription) medications must be brought in with **manufacturer's original packaging and label including ingredients listed** and child's name affixed to the container.

7. In addition to the licensed prescriber's order, a written request must be obtained from the parent(s) or guardian requesting that medication be given during school hours. The request must include the name of the student, the parent(s) or guardian's name and phone number in case of emergency. **It is the parent(s) or guardian's responsibility to ensure that the licensed prescriber's order, written request, and medication are brought to the school. Parent or other authorized adult must transport medications and supplies to and from school; students may not carry medication or supplies.**
8. No student shall possess or consume any prescription or non-prescription medication on school grounds other than as provided for in this policy. No School District employee shall administer to any student, or supervise a student's self-administration of any prescription or non-prescription medication until all required forms are completed, signed, and reviewed by the school nurse.
9. Students will be evaluated on an individual basis regarding the need to carry emergency medication (i.e. epi pen, inhalers). A written statement signed by the student's physician and parent or guardian verifying the necessity and student's ability to self-administer the medication appropriately should be on file in the health office.
10. At the end of the school year the student's parent(s) or guardian will be responsible for removing from the school any unused medication. If the parent(s) or guardian does not pick up the medication by the end of the school year, the school nurse will dispose of the medication(s) and document that it was discarded. Medication will be discarded in the presence of a witness.
11. Parents are encouraged to give morning medications **at home** prior to beginning of school day.
12. Due to shortened day: scheduled medications will not be administered on days with 11:15 dismissal schedule.

Please contact the school nurse if you have any questions or require arrangements that differ from those outlined.

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

School Year 2020-2021

The following information is required for prescription or non-prescription medications at school and must be renewed annually.

1. The parent/guardian portion of form below must be completed.
2. The licensed prescriber portion of form below must be completed.
3. The completed form below must be on file at the school before the medication can be administered at school.
4. The medication must be in the original labeled container as dispensed or in manufacturer's labeled container and must contain student name, medication name, directions for use, and date.
5. Parents or other authorized adult must transport medication and supplies to and from school; students may not carry medications.
6. All unused medications not picked up by parents by end of school year will be destroyed by nurse in accordance with policy.
7. Immediate written notification of changes must be provided to the school by the parent/guardian.
8. To allow for appropriate medication administration by the school nurse, medication should be ordered in accordance to each buildings scheduled staggered station times as outlined by the School District. Pine Crest will be given at 11am MMJH 1145am and GRHS 1230pm.
9. For the safety of your child, scheduled medications are not routinely administered at school on 11:15 dismissal days due to the shortened schedule.

NO MEDICATION WILL BE ADMINISTERED AT SCHOOL IN THE ABSENCE OF A COMPLETED, APPROVED AUTHORIZATION FORM

TO BE COMPLETED BY PARENT OR GUARDIAN (Please Print)

Student's Name: _____ Date of Birth: _____ School: _____ Grade/Teach: _____

By signing below, I agree that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so, or in the event of a medical emergency, I hereby authorize the School District and its employees and agents, in my behalf, to administer, attempt to administer to my child, or allow my child to self-administer pursuant to State Law while under the supervision of the School District and its employees and agents, lawfully prescribed medication in the manner outlined on this form. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse and specifically consent to such practices. I agree to 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 the administration or the child's self-administration of medication. I further acknowledge and agree that when lawfully prescribed medication is so administered, or attempted to be administered, I waive any claims that I might against the School District, its employees and agents arising out the administration of said medication. In addition I agree to hold harmless and indemnify the School District, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Home Telephone Number: _____ Work Number: _____ Cell Number: _____

Emergency Contact Name: _____ Relationship to child: _____

Emergency Home Number: _____ Work Number: _____ Cell Number: _____

TO BE COMPLETED BY LICENSED PRESCRIBER

Child's Name (please print): _____ Diagnosis: _____

Medication: _____ Dosage: _____

Route of administration: _____ Frequency: _____

Time of Administration and/or under what circumstances _____

Diagnosis Requiring Medication and reason it must be given during school hours: _____

Prescription Date: _____ Order Date: _____

Discontinuation Date (no later than end of current school year): _____

Intended Effect: _____

Possible Side Effects: _____

Other medications student is receiving: _____

Time Interval for Re-evaluation: _____

Physician's Printed Name: _____

Physician Signature: _____

Office Phone Number: _____

Emergency Phone Number: _____

Date: _____

FOR SCHOOL HEALTH OFFICE USE ONLY

Date Received _____ Approved _____ Denied _____ Reason for Denial: _____

Signature of Nurse or Administrator: _____

AUTHORIZATION FOR MEDICATION ADMINISTRATION- ALTERNATE SCHEDULING 2020/2021 School Year AND/OR STUDENT SELF-CARRY/ SELF-ADMINISTER (ASTHMA INHALER/ EPINEPHRINE AUTOINJECTOR ONLY)

The following information is required for prescription or non-prescription medications at school and must be renewed annually.

1. The parent/guardian portion of form below must be completed.
2. The medication must be in the original labeled container as dispensed or in manufacturer's labeled container and must contain student name, medication name, directions for use, and date.
3. Parents or other authorized adult must transport medication and supplies to and from school; students may not carry medications other than those approved asthma inhaler and/or epinephrine autoinjector with completed paperwork and action plans on file.
4. All unused medications not picked up by parents by end of school year will be destroyed by nurse in accordance with policy.
5. Immediate written notification of changes must be provided to the school by the parent/guardian.
6. For the safety of your child, scheduled medications are not routinely administered at school on 11:15 dismissal days due to the shortened schedule.
7. Students requiring medication administration outside of outlined policy must have a completed "Alternate Scheduling" form on file at the school.

NO MEDICATION WILL BE ADMINISTERED AT SCHOOL IN THE ABSENCE OF COMPLETED, APPROVED AUTHORIZATION FORMS

Student's Name: _____ Date of Birth: _____ School: _____ Grade/Teach: _____
 Diagnosis: _____ Medication: _____
 Dosage: _____ Route of administration: _____ Frequency: _____
 Time of Administration and/or under what circumstances: _____
 Medical reason medication must be given outside of specified building station times: _____
 Medical/personal reason medication must be given during early dismissal days: _____
 Parent/Guardian Signature: _____ Date: _____
 Prescriber Signature: _____ Date: _____

For Self-Carry and self-administer of Asthma and/or epinephrine autoinjector:

By signing below, I agree that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so, or in the event of a medical emergency, I hereby authorize the School District and its employees and agents, in my behalf, to administer, attempt to administer to my child, my child to self-administer pursuant to State Law while under the supervision of the School District and its employees and agents, lawfully prescribed medication in the manner outlined on this form. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse and specifically consent to such practices. I agree to 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 the administration or the child's self-administration of medication. I further acknowledge and agree that when lawfully prescribed medication is so administered, or attempted to be administered, I waive any claims that I might against the School District, its employees and agents arising out the administration of said medication. In addition I agree to hold harmless and indemnify the School District, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

*Student to be allowed to self-carry asthma inhaler or epinephrine autoinjector: _____ YES _____ NO

*Student to be allowed to self-administer asthma inhaler or epinephrine autoinjector: _____ YES _____ NO

Parent/Guardian Signature: _____ Date: _____

Prescriber Signature: _____ Date: _____

Comments:

** Attach current prescription label of asthma inhaler or epinephrine autoinjector that will be self-carried/administered by student in this section or on back of form**

FOR SCHOOL HEALTH OFFICE USE ONLY

Date Received _____ Approved _____ Denied _____ Reason for Denial: _____

Signature of Nurse or Administrator: _____
