**WALWORTH POLICY: 453.5**

**ADMINISTERING PHYSICIAN PRESCRIBED MEDICINES TO STUDENTS**

A. Definitions

Pupil

Any person who is regularly enrolled on a full or part-time basis in an approved instructional

or co-curricular activity.

School

A pupil is in school when in attendance in an approved instructional or co-curricular activity,

whether held on or off school premises.

B. Physician Prescribed Medications - Basic Requirements

1. The State of Wisconsin Medical Examining Board has determined that where

medications are administered, the physician prescribing the medication has the power to direct, supervise, decide, inspect and oversee the administration of said medication. In order to ensure that the physicians retain the power to direct, supervise, decide, inspect and oversee the implementation of this service, no prescribed medication shall be given to a student by an employee or agent of the Big Foot Area Schools Board of Education unless the following are delivered to the individual(s) responsible for administering the medication:

1. Written instructions from the prescribing physician for the administration of the prescribed medication. Said written instructions must be signed by the prescribing physician.

b. A written statement from the prescribing physician which:

1) Identifies the specific conditions and circumstances under which contact should be made with the physician concerning the condition or reactions of the pupil to the prescribed medication.

2) Indicates a willingness on the part of the physician to accept direct communication(s) from the person(s) administering the medication.

c. A written statement from the parent or guardian of the affected child:

1. Authorizing school personnel to give the medication in the prescribed

dosage, and

2) Authorizing school personnel to contact the physician directly.

1. It is the responsibility of the parent/guardian to provide necessary medications

and health related equipment.

3. Each district, through the District Administrator, retains the discretion to reject requests for the administration of medication.

C. Physician Prescribed Medications - Plan

1. Consent Forms Required:

No prescribed medication will be administered by school personnel unless and until the Prescription Medication form of "Dispensing and Administering Medication to Students" is signed and completed by both the student's parent and physician to the satisfaction of school district personnel.

2. Medication Information Required:

Medication to be administered at school must have the following information, printed in language understandable to the lay person, on the container.

a. Child's full name

b. Name of drug, dosage and route to be given

c. Time and quantity to be given as applicable

d. Physician's name for prescription medicine

e. Expiration Date of Medicine

Parent signature is required on the form.

3. Employees Designated to Give Medication:

Medications will be administered by the School District Administrator, School Principal or by individuals designated by the School District Administrator and School Nurse. Except where an emergency is believed to exist, in no instance shall a medication be dispensed by other than an authorized school employee while the pupil is at school unless specifically approved in writing by the parent or guardian. The school nurse is responsible for final determination of specific individuals to perform the special health care procedures in accordance with the Wisconsin Nurse Practice Act. Personnel so designated shall be taught the procedure by the nurse and will be supervised by the nurse. Supervision of designated personnel shall be provided by the administrator and nurse. Supervision shall include review of appropriate records, storage of prescriptions, and performance of school personnel relative to administering health care services.

4. Responsibility:

It is the responsibility of the student to get his/her medication at the designated time.

5. Storage of Medications:

Only limited quantities of any medication are to be kept at school. Said medications are to be kept in a safe place not accessible to students and checked out only by a district employee authorized to administer the medication unless otherwise ordered by the prescribing physician.

6. Duration:

The length of time for which a medication is to be administered shall be specified in the written instructions from the prescribing physician. Any change in dosage, time of administration or discontinuance of administration must be in writing, said changes to be at the request of the physician only.

7. Updating of Prescriptions and Other Requirements:

All consent forms and related materials must be renewed annually and/or at any time a medication is changed. They will be reviewed bi-monthly.

Upon discontinuance of medication or at the end of the school year, medication consent forms are filed with the student's health profile.

8. District Records Required:

Accurate and confidential written records shall be established and maintained for each pupil receiving medication.

a. The District Administrator shall cause to be maintained a daily and up-to-date record of pupils in his/her school requiring medication during school hours. The record shall include the pupil's name, type of medication, dosage, time to be given, parent's name and physician's name, as well as persons designated for administration of the medication.

b. Copies of completed consent forms are to be maintained in the school office.

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**ADMINISTRATIVE REGULATIONS**

**ADMINISTERING PHYSICIAN PRESCRIBED MEDICINES TO STUDENTS**

**FORMS**

The Dispensing and Administering Medication to Student forms can be obtained in the school office.

These forms are also sent home with the school's summer mailing. The completed medication forms are kept in a binder or folder in the school office labeled "Medication Forms" and each type of form has its own section. These forms will be reviewed bi-monthly.

**STORAGE**

The medication will be stored in an area which can be locked and closed for protection of the medication and student unless otherwise ordered by the physician,

**ADMINISTRATION**

A Student Medication Administration chart will be kept for all medications used during the school day. It states the date, student's name, name and dosage of medication, dispensed by, time given, doctor's name, adverse reaction (if any), and contact made to parent/doctor,

A training session will be held each school year to instruct persons designated to give medications.

Administration of Medications

**1. Oral:**

a. All medications must be kept in the office (prescription or over the counter) and dispensed by designated school personnel unless otherwise ordered by the prescribing physician.

b. Consent forms are required for all medications.

1) A Dispensing and Administering Medication Form must be signed and filled out by the Physician and parent for all drugs administered by school personnel. This in accordance to insurance company regulations.

1. All medication to be administered at school must have the following information printed in language understandable to the lay person on the original container. The following information should be checked by the individual administering the medication:

1) Child's full name

2) Name of drug and dosage, route

3) Time and quantity to be given as applicable

4) Physician's name for prescription medicine

d. It is the student's responsibility, as appropriate, to report to the office for medication at the designated time.

1) Chronic absence or tardiness for medication will result in a letter sent home and a notice

sent to the administrator.

2) The student medication sheet shall reflect the missed dose of medication.

e. Medication will be administered by the School District Administrator, School Principal, School Nurse, or by individuals designated by the School District Administrator and Nurse. These are the procedures to follow:

1) Ask student's name even if you know them.

2) Provide water and watch student take medication,

3) Record medication given, time, date and dispenser's initials on student medication administration chart.

4) If a dose is missed while attending school or if the student reports over one hour late,the family will be notified via phone, if possible, to see how the medication should be dispensed for the remainder of the day.

f. An accurate and confidential medication log book will be kept stating the student's name,the medication, the dosage and time it is to be given, the date, who administered the medication, and any possible side effects

noted. Students taking medications in response to an asthmatic attack or unanticipated insulin imbalance should be monitored for 15 minutes to ensure improvement of symptoms.

**2. By Means Other Than Ingestion:**

a. If a student is severely allergic to bees or other insects, an epi-pen should be obtained by the student's family, and it should be at school so it is accessible for field trips or everyday school activities.

The epi-pen must be provided by the student's family. The epi-pen should be kept in the school office where it is readily accessible to the staff in case of an emergency. It should be labeled with the student's name, doctor's name, dosage, and administration directions. If the epi-pen is to be kept by or administered by the student to his or herself, written permission from the parent and the physician must be on file in the school office. A new form is required yearly.

If a sting is received, or other urgent need of an epi-pen occurs on the bus, school personnel will call 911.

b. Inhalers such as those used for asthma must be kept in the school office where the student comes in to use them as directed by the physician. An inhaler must be labeled with the student's and doctor's name, amount of "puffs" to be inhaled, dosage of medication, and time to be given. If an inhaler is to be kept and administered by the student to him or herself, written permission from the parent and the physician must be on file in the school office. A new form is required yearly.

1) Nebulizers may be used at school, but they must be provided by the family. A parent must be in attendance if the school nurse is not present during its use. Self administration by the student is permitted if the school has written permission by the student's doctor and parent.

2) Peak flow meters may be used at school but they must be provided by the family. A parent must be in attendance if the school nurse is not present during its use. The student may self-monitor and use the peak flow meter if the school has written permission from the student's doctor and parents.

**LEGAL REFERENCE:** Wisconsin State Statutes 118.29

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Wisconsin Administrative Code N6

N7

**POLICY ADOPTED:** May 2,1994

**POLICY REVISED:** May 19,1999

 May, 2002

PRESCRIPTION MEDICATION FORM

BIG FOOT AREA SCHOOLS ASSOCIATION

DISPENSING AND ADMINISTERING MEDICATION TO STUDENTS

To be completed by the parent or guardian:

Child's name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone\_\_\_\_\_\_\_\_\_\_\_\_

School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1 hereby authorize the principal of my child's school or his/her designee to dispense or administer the medication as directed on the original container labeled with my child's name.

Physician's Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent's Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

My Child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has my permission to carry his/her own inhaler and administer it to his/herself. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Parent/Guardian Signature)

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To be completed and signed by physician:

1. Child's name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name of medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Purpose of medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Time medication is to be administered at school\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5, Dosage\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Termination date for administering medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Possible side effects\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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8. Conditions under which the parent should be contacted regarding the condition or reaction of the child receiving the medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9, (Child's Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to carry his/her own inhaler and administer it to his/herself, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Physician's Signature)

10. I hereby authorize the principal or his/her designee to administer the medication as directed and

will accept direct communication from the person dispensing or administering the medication.

Physician's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_