

**Cook County Schools ISD 166
Medication Policy**

Policy # M-1

Adopted: 9-21-17

Introduction:

It is the expectation of the District that when absolutely possible, a students' medication be administered by a parent at home. In the event that a student requires medication at school for their health and safety, the district will work in partnership with guardians and medical care staff to determine the best plan to meet the student's needs.

Purpose:

The purpose of this policy is to provide the safest means to manage student medication needs while at school.

Diagnosis and treatment of illness and the prescribing of drugs and medications are never the responsibility of a school and should not be practiced by any school personnel.

Content:

1. When ANY medication is to be administered to a student by district personnel, or self managed by a student while at school, the following forms must be fully completed:
 - A. **Form M- 2** applicable to students grade 6 through 12
Secondary Student Self Carry and Administration of Over the Counter Medication

Secondary students (grades 6-12) may self-administer and self-carry non-prescription, over the counter, pain-relieving medication at school provided that they have completed this form that contains written parent permission on their person or in the district health office, the medication is in its original container, and the medication does not contain ephedrine or pseudoephedrine.
 - B. **Form M- 2B** (For use with any age student)
Non-Prescription (over the counter) Medication Administration Permission Form
 - C. **Form M- 3** **PRESCRIPTION Medication order and authorization to Administer Permission Form**

D. Form M- 4 Self-Carry Medication form for any student who has Asthma or Severe Allergy

- i. Students who have a diagnosis of Asthma may carry a medicated inhaler if guardians and medical providers deem this appropriate
 - ii. Students who have an allergy that requires Epi-pen or auto-inject Epinephrine may carry this medication if guardians and medical providers deem this appropriate

2. The above forms include, amongst other important information, shall include:
 - a. Student's name
 - b. Name of medication
 - c. Purpose of medication
 - d. Time(s) to be administered
 - e. Dosage
 - f. Possible side effects
 - g. Termination date for administering the medication

3. The registered nurse shall:
 - a. Produce a medical file that contains appropriate and necessary documentation and ensures this file is available to persons administering medications for reference and record keeping.
 - b. Inform appropriate school personnel of the medication and potential student medication interactions as appropriate.
 - c. Administer the medication per guardian, physician's or health care professional's orders. When the registered nurse is not available to administer the medication, a trained staff person will provide this service.
 - d. Keep a record of medication acquisition, manage refill requests of medication and communicate with guardians according to medication management needs arise. See **Form M- 5 Medication Management Communication Tool**
 - e. Keep medication in a locked cabinet in the health office or classroom under the security of district staff. Prescription medications shall not be carried by the student, except as specified on a self-administration form.

4. The guardian/ parents of the student shall:
 - a. Complete necessary forms for medication administration
 - b. Provide prescription medication in the original form (ex: whole tablet), the original packaging, with the correct prescription information on the package label.
 - c. Assume responsibility for immediately informing the district registered nurse of any change in the student's health or change in medication and for immediately providing a new medical authorization or container label with new pharmacy or physician or health care professional instructions.

5. A copy of this procedure or policy or the website for which this policy can be found, shall be provided to parents upon their request for administration of medication in the schools.

The following items are not covered by this Medications Policy:

1. Special health treatments such as catheterization, tracheostomy suctioning, and gastrostomy feedings; (this is covered under **Form HT- 1 Special Procedure Treatment Instruction, Permission to Perform Care and Communication Form**)
2. Emergency health procedures, including emergency administration of medications that are deemed necessary in the judgment of school personnel who are present or available, when the risk to the student’s life or health is of such a nature that medications should be administered on an emergency basis without delay;
3. Medications provided or administered by a public health agency to prevent or control an illness or a disease outbreak;
4. Medications used off school grounds, except on school sponsored field trips for which a **Forms F- 1 Overnight Field Trip Health Care Questionnaire and F-2 Overnight Field Trip Medication Instruction and Permission for Administration Form** must be completed and signed by a parent;
5. Medications used while in connection with (school and non-school sanctioned) athletics or extracurricular activities; or
6. Medications used while in connection with (school and non-school sanctioned) activities that occur before or after the regular school day.

The School District shall not provide medication for or administer medications for circumstances involving numbers five and six above.

Reference: Minnesota Department of Education Guidelines
Minnesota Statute 121A.22 Nurse Practice Act
School Health Manual

Policy approval and adoption signature

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ISD 166 Superintendent	Date
_____	_____
ISD 166 School Board Member	Date
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