

## ADMINISTERING MEDICINES TO STUDENTS

### Medications Prescribed for Individual Students

Employees of Wise County School Board may give medication prescribed for individual students only pursuant to the written order of a physician, physician assistant, or nurse practitioner and with written permission from the student's parent or guardian. Such medicine must be in the original container and delivered to the principal, school nurse, or school division designee by the parent or guardian of the student.

### Nonprescription Medications

Employees of Wise County School Board may give nonprescription medication to students only with the written permission of the parent or guardian. Such permission shall include the name of the medication, the required dosage of the medication, and the time the medicine is to be given. Such medicine must be in the original container and delivered to the principal, school nurse, or school division designee by the parent or guardian of the student.

### Self-Care and Self-Administration of Medication

Each enrolled student who is diagnosed with diabetes, with parental consent and written approval from the prescriber, is permitted to

- carry with him and use supplies, including a reasonable and appropriate short-term supply of carbohydrates, an insulin pump, and equipment for immediate treatment of high and low blood glucose levels, and
- self-check his own blood glucose levels on school buses, on school property, and at school-sponsored activities.

A School Board employee, as defined in Va. Code § 22.1-274.E, who is a registered nurse, licensed practical nurse, or certified nurse aide and who has been trained in the administration of insulin, including the use and insertion of insulin pumps, and the administration of glucagon may assist a student who is diagnosed with diabetes and who carries an insulin pump with the insertion or reinsertion of the pump or any of its parts. Prescriber authorization and parental consent shall be obtained for any such employee to assist with the insertion or reinsertion of the pump or any of its parts. Nothing in this policy requires any

Students may be permitted to carry and self-administer other medications when the following conditions are met:

- Written parental permission for self-administration of specified non-prescription medication is on file with the school.
- The non-prescription medication is in the original container and appropriately labeled with the manufacturer's directions.
- The student's name is affixed to the container.
- The student possesses only the amount of non-prescription medicine needed for one school day/activity.

Sharing, borrowing, distributing, manufacturing or selling any medication is prohibited. Permission to self-administer non-prescription medication may be revoked if the student violates this policy and the student may be subject to disciplinary action in accordance with the Standards of Student Conduct.

### Self-Administration of Asthma Medications and Auto-Injectable Epinephrine

Students with a diagnosis of asthma or anaphylaxis, or both, are permitted to possess and self-administer inhaled asthma medications or auto-injectable epinephrine, or both, as the case may be, in accordance with this policy during the school day, at school-sponsored activities, or while on a school bus or other school property. A student may possess and self-administer asthma medication, or auto-injectable epinephrine, or both, when the following conditions are met:

- Written parental consent that the student may self-administer inhaled asthma medications or auto-injectable epinephrine, or both, is on file with the school.
- Written notice from the student's health care provider is on file with the school, indicating the identity of the student, stating the diagnosis of asthma or anaphylaxis, or both, and approving self-administration of inhaled asthma medications or auto-injectable epinephrine, or both, that have been prescribed for the student; specifying the name and dosage of the medication, the frequency in which it is to be administered and the circumstances which may warrant its use; and attesting to the student's demonstrated ability to safely and effectively self-administer the medication.
- An individualized health care plan is prepared, including emergency procedures for any life-threatening conditions.
- There is a consultation with the student's parent before any limitations or restrictions are imposed on a student's possession and self-administration of inhaled asthma medications and auto-injectable epinephrine, and before the permission to possess and self-administer inhaled asthma medications and auto-injectable epinephrine at any point during the school year is revoked.
- Self-administration of inhaled asthma medications and auto-injectable epinephrine is consistent with the purposes of the Virginia School Health Guidelines and the Guidelines for Specialized Health Care Procedure Manual, which are jointly issued by the Virginia Department of Education and the Virginia Department of Health.
- Information regarding the health condition of the student may be disclosed to school board employees in accordance with state and federal law governing the disclosure of information contained in student scholastic records.
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Permission granted to a student to possess and self-administer asthma medications or auto-injectable epinephrine, or both, will be effective for a period of 365 calendar days, and must be renewed annually. However, a student's right to possess and self-administer inhaled asthma medication or auto-injectable epinephrine, or both, may be limited or revoked after appropriate school personnel consult with the student's parents.

### Epinephrine

Pursuant to an order or standing protocol issued by the prescriber within the course of his professional practice, any school nurse, School Board employee, employee of a local appropriating body or employee of a local health department who is authorized by a prescriber

and trained in the administration of epinephrine may possess epinephrine and administer it to any student believed to be having an anaphylactic reaction.

### Regulation

The superintendent shall develop a regulation for administration of medicines to students. The regulation shall include provisions for the handling, storage, monitoring, documentation and disposal of medication. Adopted: September 10, 2013

Adopted: May, 2014  
Amended July 25, 2017

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Legal Refs.: Code of Virginia, as amended, §§ 22.1-78, 22.1-274, 22.1-274.01:1, 22.1-274.2, 54.1-2952.2, 54.1-2957.02, 54.1-3408.

Manual for Training Public School Employees in the Administration of Insulin and Glucagon (Virginia Department of Education Revised 2015).

Cross Refs.:	EBBA	Emergency First Aid, CPR and AED Certified Personnel
	JFC-R	Standards of Student Conduct
	JHCE	Recommendation of Medication by School Personnel
	JO	Student Records

## Guidelines for Administration of Medication in School

Many children and adolescents are able to attend school because of the effectiveness of their medication. The health circumstances requiring medication are diverse. For most students, the use of medication will be a convenient benefit to control acute minor or major illnesses, allowing a timely return to the classroom with minimal interference to the student and to others. A student may also symptomatically benefit from nonprescription medications. Wise County Schools will follow the recommendations for medication dosages as stated in the current Physician's Desk Reference. Physicians may be required to state diagnosis and rationale for use of any medication that is beyond recommended age or dosage. Medications and/or procedures may be withheld at school when an assessment by the school nurse indicates. Parents and physician will be notified by the school nurse of this assessment (vomiting, lethargy, inappropriate vital sign, etc.).

### Physician-Prescribed Medications

1. Wise County Schools requires a written statement from the physician that provides the name of the drug, the dose, the times when the medication is to be taken, and the diagnosis or reason the medicine is needed, unless the reason should remain confidential.
2. The physician should alert the school when a student might experience a serious reaction while receiving prescribed medication. Any necessary emergency response should be outlined by the physician, either directly on the form or an attachment describing the appropriate treatment.
3. The physician should state whether the child is qualified and able to self-administer the medication when appropriate.
4. The parent or guardian must provide a written request that the school district comply with the physician's order. The parent/guardian indicates approval by signing on the same medication form used by the physician. This signature authorizes school personnel to share information with the physician regarding the medication.

These guidelines allow children with minor illnesses a chance to attend classes, while recognizing contagious disease policies and pertinent state codes.

1. Students are allowed over-the-counter medications when the parent has provided an appropriate signed permission form specifying the medication, the amount of medication to be given, the time it may be taken, and the reason for its administration.
2. Self-medication will be under the supervision of school personnel.
3. The school reserves the right to limit the duration of parent-prescribed medications and/or to require a physician statement for continued use of any medication beyond five days.
4. Any medication taken on school property without following this procedure falls under the Drug Free School provisions.

### Security and Storage of Medication

All prescription medications brought to school are to be in a container appropriately labeled by the pharmacist or the physician. All over-the-counter medications are to be in their original container. The school will make secure storage available for all medications. Some medications will require refrigeration.

Appropriate measures will be taken to ensure safe administration of medications during field trips.

Amended: July 31, 2001

Updated: September 9, 2014

Cross Refs: American Academy of Pediatrics, Vol 112, No. 8, September, 2008