

## **GUIDELINES FOR DEVELOPMENT OF REGULATIONS**

### **REGARDING DISPENSATION OF MEDICATION**

1. Students needing medication will be encouraged to receive, the medication at home, if possible.
  - A. The person, or persons designated to administer medication will receive a written request, signed by the parent, guardian, or other person having care or charge of the student, that the drug will be administered to the student.
  - B. A person or persons designated to administer medication will receive a statement, signed by the physician or other person licensed to prescribe medication that will include all of the following information:
    - 1) the name and address of the student;
    - 2) the school and class in which the student is enrolled;
    - 3) the name of the drug and the dosage to be administered;
    - 4) the times of intervals at which each dosage of the drug is to be administered;
    - 5) the date the administration of the drug is to begin;
    - 6) the date the administration of the drug is to cease;
    - 7) any severe adverse reactions that should be reported to the physician and one or more phone numbers at which the person who prescribed medication can be reached in an emergency;
    - 8) special instructions for administration of the drug, including sterile conditions and storage.
  - C. The parent(s), guardian(s), or other person(s) having care or charge of the student agrees to submit a revised statement signed by the physician who prescribed the drug to the person designated to administer medication, if any of the information provided by the person licensed to prescribe medication as described above changes.
  - D. The person authorized to administer the drug will receive a copy of the statement described above.
  - E. The drug will be received by the person authorized to administer the drug to the student for whom the drug is prescribed in the container in which it was dispensed by the prescribing physician or other licensed professional.

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2. The person designated by the Board of Education, will establish a location in each school building for the storage of drugs to be administered. All such drugs shall be stored in that location in a locked storage place. Drugs that require refrigeration may be kept in a refrigerator in a place not commonly used by students.
3. No person who has been authorized by the Board of Education to administer a drug and has a copy of the most recent statement which was given to him prior to administering the drug will be liable in civil damages for administering or failing to administer the drug, unless such person acts in a manner that constitutes gross negligence or wanton or reckless misconduct.
4. A person employed by the Board of Education will not be required to administer a drug to a student unless Board regulation establishes a requirement. Furthermore, the Board shall not require an employee to administer a drug to a student if the employee objects, on the basis of religious convictions, to administering the drug.
5. Board policy and regulations regarding dispensation of medication must be formally adopted by the Board of Education and may be changed, modified or revised only by action of the Board.
6. Where permission is given on the emergency medical form, the school will provide Tylenol or generic substitute to students if determined necessary by the teacher or assigned office personnel.

Approved 11/89; Approved 11/97

**MEDICATION ADMINISTRATION FORM**

*Pettisville Local Schools*

***Physician's Request for the Administration of Medication by School Personnel***

*Name of Student* \_\_\_\_\_

*Name of Drug, Dosage, Route* \_\_\_\_\_

*Specific instructions for administration: Possible side effects to watch for:*

\_\_\_\_\_

*Expiration date of this request:*

\_\_\_\_\_ *is under my care and should receive at the following times*

*Physician's Signature*

*Physician's Phone Number*

***Parent's Request for the administration of Medication by School Personnel***

*I hereby request and give my permission to the principal or his delegate (school nurse, teacher, or other responsible person) to administer the following medication to my child.*

*Name of Child* \_\_\_\_\_

*Name of Drug* \_\_\_\_\_

*at the following time(s)* \_\_\_\_\_

*Date* \_\_\_\_\_

\_\_\_\_\_

*Signature of parent or guardian*