

## Medication Policy

In general, school personnel should not administer medication to students at school unless clearly necessary and where appropriate administration cannot reasonably be accomplished outside of school hours. The parent or guardian shall be responsible for providing all medication to be administered to a student.

Prescription and over-the-counter medication will be administered to students at school only on the specific written request of the student's parent or guardian and with the written authorization of the student's physician. The Medication Administration form can be picked up at the school health office or found on the school website under Student Services, Health Office. Herbal and homeopathic remedies may not be administered at school.

If a student must receive prescription or over-the-counter medication during school hours, the parent or guardian shall furnish the medication in the original pharmacy-labeled container or original packaging. The label shall state the student's name, medication, dosage, number and/or time(s) of dosages per day, and name of the prescribing physician. Medication shall be administered at school only by a school nurse, or by his/her designee. Such designee shall be approved by the principal. Medication will be administered by school personnel, only in accordance with the instructions on the prescription label. A parent or guardian may deliver medication to the school during school hours.

Junior High and High school students may assume responsibility for bringing to school and administering their own medication providing they carry only enough for one day and have the *Permission to Carry/Self-Administer Medication* form on file in the school office. Students using poor judgment in carrying and taking their own medication will have such medication confiscated by school personnel, parents or guardian will be notified, and the student may face disciplinary action. A structured plan will then be developed for the administration of the medication. Any parent or guardian who chooses not to sign the permission to carry medication form may request that a structured plan be devised for his or her student.

### Special Considerations for Asthma and Anaphylaxis

Notwithstanding the above, a student with asthma, severe allergies, or other related, life-threatening conditions may possess and self-administer medication as provided in an approved treatment plan developed in accordance with the Colorado Schoolchildren's Asthma and Anaphylaxis Health Management Act. This plan will include verification by the student's health care provider that the student understands proper use and is capable of self-administering his/her asthma or anaphylaxis medication. The student and parent will also sign the *Permission to Carry/Self-Administer Medication*.

### POLICY HISTORY

This policy supersedes any previously existing policy of The Academy of Charter Schools pertaining to the content herein.

Moved By Julia Robinson  
 2<sup>nd</sup> By Jeff Ehmann

Original: Approved by the Board  
 Date 1/26/2015  
 Approved Janelle Miller-Carlson

Y/N/P/A	Name
Y	Ehmann, J.
A	Laszlo, J.
Y	Miller-Carlson, T.
Y	Robinson, J.
Y	Stock, M.
Y	Zamora, J.

*Here is a sample permission to carry form if you want to include the permission to carry for middle/high school students.*

**PERMISSION TO CARRY/SELF-ADMINISTER MEDICATION**

STUDENT NAME \_\_\_\_\_ DATE \_\_\_\_\_ DOB \_\_\_\_\_

MEDICATION \_\_\_\_\_ DOSAGE \_\_\_\_\_

Route of Administration \_\_\_\_\_ Time/Frequency \_\_\_\_\_

Purpose of Medication \_\_\_\_\_

Through my consultation with the above-named student's parent(s)/guardian(s), as well as my own assessment of the student ("Student"), I have determined that the Student is able to identify his/her correct medication, demonstrate correct self-administration of the above-listed medication ("Medication"), and has knowledge of the required dosage and timing/frequency of use of the Medication. The Student has knowledge of his/her condition and is sufficiently responsible and able to properly carry and self-administer the Medication during the school day. The Student has been instructed in the purpose, appropriate method, and frequency of use of the Medication and is capable of self-administering the Medication. A new form must be completed for all medication changes.

\_\_\_\_\_  
*Physician Signature*

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

\_\_\_\_\_  
*Physician's Printed Name*

\_\_\_\_\_  
*Physician's Telephone Number*

It is understood that the Medication will be self-administered solely at the request of, and as an accommodation to, the undersigned parent(s) or guardian(s). The undersigned parent(s) or guardian(s) hereby agree(s) to release the Academy and its personnel from any and all claim(s) which they now have or may hereafter have arising relating to an act or omission of the Student's use of the Medication.

\_\_\_\_\_  
*Parent or Guardian Signature*

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

**For students diagnosed with asthma, anaphylaxis, severe allergies, and/or other related life-threatening conditions:**

The School Nurse and the above-referenced Physician have collaborated to formulate a health care management plan which is attached to this form.

The School Nurse, the above-referenced Physician and the Student have entered into a *Permission to Carry/Self-Administer Medication* Contract which is attached to this form.

**MEDICATION ADMINISTRATION IN SCHOOL OR CHILD CARE**

The undersigned Parent(s)/Guardian(s) of: \_\_\_\_\_ hereby request hereby request personnel employed by The Academy to release to said student the following medication:

\_\_\_\_\_ at \_\_\_\_\_  
*Name of medication and dosage* *Time(s)*

according to the Health Care Provider's signed instructions on the lower part of this form.

School Policy requires, as a condition to its agreement to release any medication that the medicine be:

- Prescribed by a physician or dentist
- Furnished by the parent(s) of the student with the original pharmacy container label stating:
  - The student's name ○ Licensed health care provider's name
  - Name of the medication ○ Pharmacy name and phone number must also be on the label
  - The dosage
  - The number of dosages per day or time(s) when the medication is to be released to the student
- The date when the medication is to be stopped (if applicable).
- The parent/guardian agrees to pick up expired or unused medication within one week of notification by staff
- Over the Counter Medication must have the following:
  - Be labeled with the child's name ○ Medicine must be packaged in original container
  - Dosage must match the signed health care provider authorization

It is understood that the medication is given solely at the request of, and as an accommodation to, the undersigned parent(s) or guardian(s). The undersigned parent(s) or guardian(s) hereby agree(s) to release The Academy (Academy of Charter Schools) and its personnel from any and all claim(s) which they now have or may hereafter have arising out of the release of the medication to the student.

A new Student Medication Request and Release Agreement form must be completed for each medication change **and** each school year.

By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with the nurse or school staff delegated to administer medication.

\_\_\_\_\_  
 Parent/Legal Guardian Name Parent/Legal Guardian Signature Date

\_\_\_\_\_  
 Work phone Home phone

**Health Care Provider Authorization to Administer Medication in School or Child Care**

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Route: \_\_\_\_\_

To be given at the following time(s): \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Purpose of Medication: \_\_\_\_\_

Side effects that need to be reported: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Health Care Provider with Prescriptive Authority License Number License Number

\_\_\_\_\_  
 Phone Number Date

**Please ask the pharmacist for a separate medicine bottle to keep at school/child care. Thank you!**

**RETURN TO AGENDA**