

**JGFGB    Supervision of Medications (See JGFGBA)**

**JGFGB**

The supervision of medications shall be in strict compliance with the rules and regulations of the board as carried out by district personnel. Diagnosis and treatment of illness and the prescribing of drugs, and medicines are not the responsibility of the public schools and are not to be practiced by any school personnel, including school nurses, unless authorized.

In certain circumstances when medication is necessary in order that the student remain in school, the school may cooperate with parents in the supervision of medication that the student will use. However, the medical person authorized to prescribe medication or the parent if it is a non-prescription medication must send a written order to the building administrator who may supervise the administration of the medication or treatment. The parents must submit a written request to the building administrator requesting the school's cooperation in such supervision and releasing the school district and personnel from liability. (See JGFGBA)

School personnel shall not be required to be custodians of any medication except as required by a written order of a licensed medical person or in the case of nonprescription medication when requested in writing by the parents.

The medication shall be examined by the school employee administering the medication to determine that it appears to be in the original container, to be properly labeled and to be properly authorized by the written order of licensed medical person. Two containers, one for home and one for school, should be requested from the pharmacist.

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**JGFGB-2**

Any changes in type of drugs, dosage and/or time of administration should be accompanied by new physician and parent permission signatures and a newly labeled pharmacy container.

All medication maintained in the school setting should be kept in a locked container. This includes medication requiring refrigeration.

Medications should be inventoried every semester. Out-of-date stock should be returned to parent or destroyed.

Over-the-counter medications should not be maintained on any school premises, including athletic areas, unless written parent permission to administer is obtained.

The building administrator may choose to discontinue the administration of medication provided that the parents or medical person are notified in advance of the date and the reasons for the discontinuance.

After medication is administered, students should be observed for possible reactions to the medication. This observation may occur at the site of administration or in the classroom as a part of the normal routine.

This policy shall be shared with all local physicians and dentists where practicable. Forms should also be made available to the health care providers in the community.

An individual record should be kept of each medication administered. The record should include student identification, date prescribed, name of medication, time and date(s) administered, signature of person administering and section for comments.

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**JGFGB-3**

In the administration of medication, the school employee shall not be deemed to have assumed any legal responsibility other than acting as a duly authorized employee of the school district.

Approved: March 14, 2005

Permission for Medication

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

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

Teacher \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Date Started \_\_\_\_\_

Time of day medication is to be given \_\_\_\_\_

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

I hereby give my permission for \_\_\_\_\_ to take the above medication at school as ordered. I understand that it is my responsibility to furnish this medication. I further understand that any school employee who administers any drug or nonprescription medication pursuant to parental written request to my student in accordance with written instructions from the physician or dentist shall not be liable for damages as a result of an adverse medication reaction suffered by the student because of administering such medication.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

NOTE: The medication is to be brought to school in the original container appropriately labeled by the pharmacy, or physician, stating the name of the medication, the dosage and times to be administered.

**SAMPLE FORM**

USD \_\_\_\_\_

School \_\_\_\_\_

Medications Given at School

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

Parent/Guardian \_\_\_\_\_

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

Medication \_\_\_\_\_ Prescribed by \_\_\_\_\_

Dosage \_\_\_\_\_ Time to be Given \_\_\_\_\_

Duration of Orders \_\_\_\_\_

\_\_\_\_\_

		Administered By		
Date	Time	Dosage	(signature)	Comments

\_\_\_\_\_

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