

# A. W. BEATTIE CAREER CENTER

SECTION: PUPILS  
 TITLE: USE OF MEDICATIONS  
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210 USE OF MEDICATIONS	
1. Purpose	<p>The Joint Operating Committee (JOC) and Administration shall not be responsible for diagnosis and treatment of student illness. The administration of prescribed medication in accordance with the direction of a parent or family physician to a student during school hours will be permitted only when failure to take such medicine would jeopardize the health of the student; or the student would not be able to attend school if the medicine were not made available during school hours.</p>
2. Definition	<p>For purposes of this policy, medication shall include all medicines (any patent drug, aspirin and cough medication) prescribed by a licensed prescriber, as defined below, and any over the counter medicines.</p> <p>For purposes of this policy, a licensed prescriber shall include licensed physicians (M.D. and D.O.) certified nurse practitioners, physician assistants, dentists, or optometrists.</p> <p>The JOC directs all employees to comply with the Pennsylvania Department of Health's Guidelines for Pennsylvania Schools for the Administration of Medications and Emergency care.</p>
3. Authority	<p>Non-prescribed oral medication, including aspirin or other over-the-counter medications will not be made available to students by school personnel.</p>
SC 510 Title 22 Sec. 7.13	<p>Prescribed medication should be taken at home. If necessary, by the doctor's order, designated school personnel may administer a medicinal preparation which is accompanied by a licensed prescriber's order and the parent's written permission.</p>

## 4. Guidelines

The licensed provider's orders shall specify, in writing, the name of the drug, the dosage, the administration directive (such as three (3) times per day), and the duration of the order.

Delivery and Storage of Medications

All medication shall be brought to the Emergency Nurse's office, or the main office, by parent/guardian or by another adult designated by the parent/guardian. All medication shall be stored in the original pharmacy-labeled container and kept in a locked cabinet designated for storage of medications. Medications that require refrigeration shall be stored and locked in refrigeration designated only for medications. No more than a thirty (30) day supply of an individual student's medication will be stored.

All prescribed medication must be brought to school in the original packaging and labeled with:

1. Name, address, telephone, and federal DEA (Drug Enforcement Agency) number of the pharmacy.
2. Student's name
3. Directions for use (dose, frequency and time of administration, route, special instructions).
4. Name and registration number of the licensed prescriber.
5. Prescription serial number.
6. Date originally filled.
7. Name of medication and amount dispensed.
8. Controlled substance statement, if applicable.

All medication shall be accompanied by a completed Medication Administration Consent and Licensed Prescriber Medication Order Form, or other communication from the licensed prescriber.

Unlabeled medication will not be given at school and will be held for the student at dismissal.

Disposal of Medications

Procedures shall be developed for the disposal of medications consistent with the Department of Health Guidelines, which shall include:

1. Guidelines for disposal of contaminated needles or other contaminated sharp materials immediately in an appropriately labeled, puncture resistant container.

2. Processes for immediately returning to parents/guardians all discontinued and outdated medications, as well as all unused medications at the end of the school year.
3. Methods for safe and environmentally disposal of medications.
4. Proper documentation of all medications returned to parents/guardians and for all medications disposed by the Emergency Nurse or other licensed school health staff. Documentation shall include, but not limited to, date, time and amount of medication and appropriate signatures.

#### 5. Delegation of Responsibility

If a parent wishes an over-the-counter medication to be given at school it must be *accompanied by a licensed prescriber's order* and parent or guardian permission slip.

All medication taken by students for any reason must be registered and self-administered in the Emergency Nurse's office.

#### Student Self-Administration:

Prior to allowing a student to self-administer medication, the following shall be required:

1. An order from the licensed prescriber for the medication, including a statement that it is necessary for the student to carry the medication and that the student is capable of self-administration.
2. Written parent/guardian consent.
3. An individual health plan including an emergency care plan.

To self-administer medication, the student must be able to:

1. Respond to and visually recognize their name.
2. Identify their medication.
3. Measure, pour and administer the prescribed dosage.
4. Sign their medication sheet to acknowledge having taken the medication.
5. Demonstrate a cooperative attitude in all aspects of self-administration.

*Inappropriate use to self or others will result in the student being in violation of the Discipline Code at a Level III infraction.*

#### Administration of Medication During Field Trips and Other School-Sponsored Activities

The JOC directs planning for field trips and other school-sponsored activities to start early in the school year to include collaboration between administrators, teachers, nurses, appropriate parent/guardians and other designated health officials.

Considerations when planning for administration of medication on field trips and other school-sponsored programs and activities shall be based on the student's individual needs and may include the following:

1. Assigning school health staff to be available.
2. Utilizing a licensed person from the Career Center's substitute list.
3. Contracting with a credible agency which provides temporary nursing services.
4. Utilizing licensed volunteers via formal agreement that delineates responsibilities of the school and individual.
5. Addressing with parent/guardian the possibility of obtaining from the licensed prescriber a temporary order to change the time of the dose.
6. Asking parent/guardian to accompany the child on the field trip with proper clearances.
7. Arranging for medication to be provided in an original labeled container with only the amount of medication needed.

References:

School Code - 24 P.S. Sec 510, 1401, 1402, 1409, 1414.1

State Board of Education Regulations - 22 PA Code 12.41

Pennsylvania Department of Health "Guidelines for Pennsylvania Schools for the Administration of Medications and Emergency Care" March 2010

**A. W. BEATTIE CAREER CENTER**

9600 Babcock Blvd.  
Allison Park, PA 15101

**MEDICATION PROCEDURE FORM**

It is required by the A. W. Beattie Career Center that the attending physician fills out the following form for all prescribed and over the counter medications to be given during school hours.

Date: \_\_\_\_\_

Grade: \_\_\_\_\_

(Student's Name) \_\_\_\_\_

Program: \_\_\_\_\_

(Medication and Dosage) \_\_\_\_\_

(Date: \_\_\_\_\_ to \_\_\_\_\_ Date)

(Time Given) \_\_\_\_\_

(Condition for which medication is requested) \_\_\_\_\_

(Possible side effects) \_\_\_\_\_

(Physician's Signature) \_\_\_\_\_

(Phone Number) \_\_\_\_\_

(Please Print Physician's Name) \_\_\_\_\_

(Address) \_\_\_\_\_

**PHYSICIAN:** Please check blocks that apply for inhalers, Epi-pens and other life saving medications:

- Student may carry and self-administer medication while on a field trip.
- Student may carry and self-administer medication on a daily basis.

**PARENTAL PERMISSION, HOLD HARMLESS AND INDEMNIFICATION**

We hereby agree that the medication be administered to our child as stated herein and agree with the intent to be legally bound hereby, to hold the A.W. Beattie Career Center and any of it's employees or agents harmless from any liability and to so indemnify same for any liability incurred which may result from administration or supervision of the medication to \_\_\_\_\_ by employees or agents of the A.W. Beattie Career Center.

(Parent or Guardian) \_\_\_\_\_

(Date) \_\_\_\_\_

**A. W. Beattie Career Center Medication Policy** requires a parent or guardian to bring the medication to school in the original container or prescription bottle. A new Medication Administration Form must be completed at the beginning of each academic year, for each medication, and for each time there is a change in dosage.

Parent or guardian will need to arrange with the Emergency Nurse pickup of unused medication prior to the last day of school. No medications are permitted to be transported on the School Bus.

Return this form to the school office.

**A. W. BEATTIE CAREER CENTER**

**SELF-ADMINISTRATION ABILITY VERIFICATION ASSESSMENT**

Student's Name \_\_\_\_\_

Program & Grade \_\_\_\_\_

Date \_\_\_\_\_

To self-medicate, the student must be able to: (check all that apply)

- \_\_\_\_\_ 1. Respond to and visually recognize his/her name.
- \_\_\_\_\_ 2. Identify his/her medication.
- \_\_\_\_\_ 3. Demonstrate the proper technique for self-administering his/her medication.
- \_\_\_\_\_ 4. Sign his/her medication sheet to acknowledge having taken the medication.  
Secondary students must maintain their own medication log, which may be reviewed by the Emergency nurse at any time at her discretion.
- \_\_\_\_\_ 5. Demonstrate cooperative attitude in all aspects of self-administration of medication.
- \_\_\_\_\_ 6. Demonstrate knowledge of prescribed time intervals for inhaler/EpiPen use.

Name of Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Frequency \_\_\_\_\_

The above named student has demonstrated the ability to self-administer the physician-prescribed asthma inhaler and or EpiPen medication, as indicated by the criteria listed above.

Date \_\_\_\_\_

Signature (Emergency Nurse) \_\_\_\_\_

As the parent/guardian of above named student, I relieve the A.W.Beattie Career Center and its employees of any responsibility for the benefits or consequences of the above listed medication when it is physician-prescribed and parent/guardian authorized. I further acknowledge that the school bears no responsibility for ensuring that the medication is taken. I am aware that any improper use/sharing of the above-mentioned medication will result in the immediate confiscation of the inhaler and/or EpiPen and loss of privilege to self-administer if the medication policy is violated.

Date \_\_\_\_\_

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

I agree to be solely responsible for my asthma inhaler and/or EpiPen and to follow the directions for its use as ordered by my physician, as well as A.W. Beattie Career Center's medication policy. I am aware that any improper use/sharing of the above-named medication will result in the immediate confiscation of the inhaler and/or EpiPen and loss of privilege to self-administer if the medication policy is violated. I am aware that I am responsible for maintaining a log of my inhaler and/or EpiPen use and must have it available for review by the Emergency nurse at her discretion.

Date \_\_\_\_\_

Student Signature \_\_\_\_\_

Student is not able to self-administer at this time due to the following reasons: \_\_\_\_\_

Signature (Emergency Nurse) \_\_\_\_\_