

Series Number 506.2.2AR Adopted January 1979 Revised August 2023

Title Administering Medication

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## **1. Prescription Medication**

- 1.1 Students requiring the administration of prescription medication at school shall provide the school with written authorization from their parent or guardian using Procedure 506.2.2.1P, Authorization for Administration of Prescription Medication at School. If the medication is to be given for more than two weeks or is a narcotic pain medication, a written order from a physician or dentist must be provided to the school using Procedure 506.2.2.1P, Authorization for Administration of Prescription Medication at School, or other appropriate documentation.
- 1.2 Prescription medication shall be brought to the school nurse, preferably by the parent or guardian, in a container appropriately labeled by a pharmacist. Prescription medication shall be kept in the school nurse's office, with the exception of medications (such as some seizure medications) which must be kept near the student in order to be administered in accordance with a doctor's order received by the school nurse, as well as inhalers, Epinephrine auto-injector pens (EpiPens) and/or insulin authorized by the student's parent or guardian (see section 1.2.2 below).
  - 1.2.1 If the medication includes a controlled substance, the parent or guardian must give the school nurse written, signed information on the exact amount of medication that is being given to the student.
    - 1.2.1.1 The district has the right to ask parents to leave no more than a 30-day supply of any controlled substance with the school nurse.
  - 1.2.2 Students may carry inhalers, EpiPens and/or insulin with them during the school day once the school nurse receives either Procedure 506.2.2.1.2.2P, Authorization for Student Possession and Self-Medication with Inhaler, EpiPen and/or Insulin at School, and/or an Anaphylaxis Action Plan and/or other health plan with the appropriate documentation.
- 1.3 Prescription medication shall be administered by the school nurse or, in his or her absence, other appropriate school personnel as designated by the principal and delegated by the school nurse. Personnel shall not reassign tasks delegated to them by the school nurse.
  - 1.3.1 With the exception of EpiPens or medications the student is authorized to self-administer, medication that is not taken orally may only be administered by a licensed school nurse (LSN), or a registered nurse (RN) or a licensed practical nurse (LPN) under the direction of a LSN or by other appropriate school personnel following proper delegation by the school nurse.
  - 1.3.2 School nurses shall not administer allergy shots.
- 1.4 Students observed administering medication (other than students authorized to possess and self-administer an inhaler, EpiPen and/or insulin per section 1.2.2 above) to themselves shall be reported to their parent or guardian by the school nurse or other appropriate personnel, and disciplinary measures will be taken as described in Administrative Regulation 503.3AR, Student Behavior Expectations and Consequences for Misbehavior.

- 1.5 With the exception of students who keep their medication with them per paragraph 1.2, school nurses will not return prescription medication to a student to take home. If medication remains in the nurse's office after the end of a school year or when a student is no longer attending the school or after the medication is discontinued, the school nurse will contact the student's parent or guardian to let them know that they have one month to pick up the medication; if the medication is not picked up, it will be destroyed. The transportation of unclaimed or unused prescription drugs or medications will occur at least annually. If the unclaimed or abandoned prescription drug is not a controlled substance as defined by Minnesota Statute 152.01, subd. 4, or is an over-the-counter medication, the school nurse shall be responsible for transporting the drug or medication to a designated drop-off box or collection site or may request that a law enforcement agency transport the drug or medication to a drop-off box or collection site on behalf of the school district. If the unclaimed or abandoned prescription drug is a controlled substance as defined by Minnesota Statute 152.01, subd. 4, school personnel are prohibited from transporting the prescription drug to a drop-off box or collection site for prescription drugs. The school will request that a law enforcement agency transport the prescription drug or medication to a collection bin that complies with Drug Enforcement Agency regulations, or if a site is not available, under the agency's procedure for transporting drugs.
- 1.6 Medical cannabis may not be possessed or used on school district property or in school district vehicles.
- 1.7 School personnel will collaborate with the parent or guardian to implement a seizure action plan when an enrolled student's parent or guardian has notified the school that the student has a diagnosed seizure disorder and has seizure rescue medication or medication prescribed by the student's licensed health care provider to treat seizure disorder symptoms approved by the United States Food and Drug Administration. The seizure action plan will conform with requirements in section 3.1 of administrative regulation 506.2.1AR, Student, Community Education Participant or Visitor Medical Emergencies.

## **2. Non-Prescription Medication**

- 2.1 Subject to the flexibility provided in section 2.2, a specific non-prescription medication may only be given to the student if the school has received written authorization from the student's parent or guardian to give that particular medication to their child, and if the medication is provided to the school nurse in its original container. District nurses will only administer medications approved by the Food and Drug Administration in age-appropriate dosages. The school nurse shall use his or her professional judgment to determine the need for non-prescription drugs.
- 2.2 A student in grades 7-12 may possess and use nonprescription pain relief in a manner consistent with the labeling, if the school has received written annual authorization from the student's parent or guardian permitting the student to self-administer the medication. The school may revoke the student's privilege to possess and use non-prescription pain relief if it is determined that the student is abusing the privilege. This section does not apply to the possession or use of any drugs or product containing ephedrine or pseudoephedrine as an active ingredient.
  - 2.2.1 When giving permission for a student in grades 7-12 to possess and use nonprescription pain relief, the parent or guardian agrees to the following:
    - 2.2.1.1 The medication must be in its original container;

- 2.2.1.2 The student is knowledgeable in the proper dosage, use and administration of the medication in a manner consistent with its labeling;
  - 2.2.1.3 If school administration determines these rules have been abused, the school may revoke this privilege;
  - 2.2.1.4 The student may not possess pain relievers containing ephedrine or pseudoephedrine, and
  - 2.2.1.5 The student cannot share the medication with other students.
3. **Medication Schedule** – If it is not essential for medication to be given during school hours, school personnel shall work with the parent or guardian and health provider to adjust dosage so it can be administered outside of school hours.
  4. **Record-keeping** – Administration of each dose of medication, other than self-administered medication by the student, shall be recorded electronically each day in the district student information system.
  5. **Clinical Trials** – A district nurse may administer research medication to a student who is actively participating in an approved and registered clinical trial and who requires a dose of the medication during the school day. Requests to administer research medication as part of a clinical trial will be evaluated on a case-by-case basis by the school nurse in consultation with the district’s Health Services Coordinator. The district and nurse may exercise their judgment to decline to administer the medication in circumstances in which the safety risk is determined to be too great or the burden on nursing staff too significant. The following materials are required before the administration of medication as part of a clinical trial may occur:
    - 5.1 The protocol or a study summary from the research organization conducting the clinical trial, including a written order for the medication from the research organization and the signs and symptoms of potential adverse reactions;
    - 5.2 the detailed informed consent form signed by the parents/guardians for the clinical trial;
    - 5.3 signed parental permission authorizing the administration of the medication at school;
    - 5.4 any applicable reporting or follow-up requirements required of the school nurse, and
    - 5.5 the name(s) and telephone number(s) of the investigator or research team conducting the clinical trial.
6. **Opioid Antagonists**
    - 6.1 The district will keep at least two doses of nasal naloxone, an opioid antagonist medications in each district school. The opioid antagonist medications will be authorized by a current standing order/condition specific protocol from the district’s licensed physician.

- 6.2 For purposes of this section, a standing order/protocol means directions from the school district's physician that sets forth how to house and administer opioid antagonist medications to students, staff members or other individuals believed or suspected to be experiencing an opioid overdose. The standing order/protocol should include the administration type, dosage, date of issuance and signature of the district's physician. The standing order/protocol shall incorporate the district's steps for the administration of opioid antagonist medications. The district's Health Services Coordinator will obtain and maintain the standing order/protocol and will update and renew the standing order/protocol annually or as otherwise required.
- 6.3 If authorized, stock opioid antagonist medications must be clearly labeled, monitored for expiration dates and stored in a secured location of the school nurse's office or other location determined by the school nurse in consultation with the Health Services Coordinator and building principal and accessible to staff in the event of a suspected overdose. The selected storage locations will be classified as non-public "security information" as the disclosure of this data to the general public would be likely to substantially jeopardize the security of the medication that could be subject to theft, tampering, and improper use. Therefore, the identity of the storage locations will be shared only with those school district staff members who need access to this information to aid public health and safety.
- 6.4 Opioid antagonist medications may be administered by a trained, licensed school nurse or other trained staff person in an emergency when an opioid overdose is suspected in a student, staff member or visitor. Licensed school nurses are responsible for attending all required trainings pertaining to this regulation and the protocol for the storage and use of opioid antagonist medications and shall perform any assigned responsibilities under the regulation and protocol. All staff members who may be responsible for administering an opioid antagonist will be trained as described in section 6.5 of this regulation.
- 6.5 Before stocking opioid antagonist medications, the school nurse and other relevant staff members must be trained in the recognition of the signs of opiate overdose, the use of opiate antagonist medications as part of the emergency response to opiate overdose and the district's protocol for the administration of opioid antagonist medications. The district's Health Services Coordinator shall determine the type and method of training and coordinate the implementation of training.
- 6.6 In the event that an opioid antagonist medication is administered, 911 will be called to respond to the emergency even if the recipient appears to be recovered. If the recipient of the opioid antagonist medication is believed to be a minor or a student of any age, school staff will attempt to identify and contact the parent or guardian and inform them of the circumstances and actions taken. The acting school administrator and Health Services Coordinator will be informed as soon as possible following the administration of an opioid antagonist medication and any additional emergency steps.
- 6.7 The school district will maintain the privacy of students and staff related to the administration of opioid antagonist medications as required by law.
- 6.8 Nothing in this section shall be interpreted to preclude, alter or infringe upon the application of Minnesota Statute 604A.04, Good Samaritan Overdose Prevention.

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- References:**
- Minnesota Statute 121A.222, Possession and use of nonprescription pain relievers by secondary students
  - Minnesota Statute 152.23, Limitations
  - Minnesota Statute 121A.22, Administration of Drugs and Medicine
  - Minnesota Statute 121A.2205, Possession and Use of Epinephrine Auto-Injectors; Model Policy
  - Minnesota Statute 121A.2207, Life Threatening Allergies in Schools; Stock Supply of Epinephrine Auto-Injectors
  - Minnesota Statute 121A.221, Possession and Use of Asthma Inhalers by Asthmatic Students
  - Minn. Stat. § 144.344 (Emergency Treatment)
  - Minn. Stat. § 151.37 (Legend Drugs; Who May Prescribe, Possess)
  - Minnesota Statute 151.37, Legend Drugs; Who May Prescribe, Possess
  - Minn. Stat. § 152.01 (Definitions)
  - Minn. Stat. § 152.02 (Schedules of Controlled Substances)
  - Minn. Stat. § 152.212 (Labeling of Prescription Drug Containers)
  - Minnesota Statute 604A.04, Good Samaritan Overdose Prevention
  - Minn. Stat. § 604A.05 (Good Samaritan Overdose Medical Assistance)
  - Minn. R. Pt. 6800.4220 (Schedule II Controlled Substances)