

SECTION: **STUDENTS**

TITLE: **STUDENT USE OF MEDICATION**

<p>1. Purpose and Authority</p>	<p>The Board of Directors prefers that prescription and non-prescription medicines needed by students be administered at home under the supervision of their parent/guardian and physician whenever possible. However, the School District recognizes that some students need medication during the school day. Therefore, the District will permit the administration of prescription and non-prescription medications during school when the procedures in this policy are followed.</p> <p>This policy shall be interpreted consistent with 28 Pa. Code §§ 23.1, 23.51, 23.81, 24 P.S. §§ 1401, 1409, 1414.1 and all other applicable state and federal regulations.</p> <p>Additional requirements for medications may be imposed by school nurses on a case-by-case basis. Whenever a student has a Section 504 Plan or IEP, that plan supersedes this policy to the extent it contains different or more detailed provisions.</p>
<p>2. Definitions</p>	<p>“Responsible Personnel” shall mean a certified school nurse (“CSN”) or other licensed health personnel, such as a registered nurse (“RN”) or a licensed practical nurse (“LPN”). District personnel other than the school nurse may be designated by administration to administer medication in emergency situations.</p>
<p>3. Guidelines for All Medications</p>	<p>Except as provided in this policy regarding asthma inhalers and other self-administered medications, or in a Section 504 Plan or IEP, no student shall be allowed to keep medicine on their person and any medication, prescription or non-prescription, must be brought to the nurse by the parent in a properly labeled container and must be kept in the health room. The school nurse will evaluate students on long-term medication on an individual basis and appropriate adjustments will be made where determined necessary. Any unused medicine will be returned to the parent or guardian or will be destroyed by the school nurse. In appropriate and necessary situations, case-by-case arrangements for self-administration may be made contingent upon physician recommendation, parent/guardian approval and school nurse approval. Unless self-administering, students shall not bring medications to school. Doing so may result in discipline.</p> <p>No medications, prescription or non-prescription, shall be administered to a student during the school day without the written and dated consent of the student’s parent/guardian and physician. Parent/guardian approval (consent) is not necessary for the administration of emergency medications during a life-threatening emergency. Parent/guardian and physician’s permission can be</p>

documented on the School District's *Medication Administration Request and Consent Form (Form WA-15)* or a substitute. Substitute forms must contain all of the required information, and be on the physician's letterhead or on their prescription pad. These written consents and specifications must be on file in the nurse's office of the school building that the child attends. Copies of the *Medication Administration Request and Consent Form (Form WA-15)* may be obtained from the health room or on the District's Website link.

All permission forms must include written authorization from the parent/guardian and prescribing physician, as well as the following information:

- a. Date;
- b. Student's name;
- c. Name of medication;
- d. Correct dosage of medication with instructions on administration;
- e. Time schedule for administering the medication;
- f. Route of administration;
- g. Dates the medication is to be taken, including a termination date where appropriate;
- h. Possible side effects of medication and procedures to be followed if a reaction occurs;
- i. other medications taken at home;
- j. allergies;
- k. diagnosis for which medication is prescribed

A school nurse is responsible for approving the administration of medication during the school day. If the nurse has questions about a request for medication, s/he should contact the child's physician or the chief school physician to clarify these questions.

The consent of the parent/guardian and physician will be valid only for the period specified on the consent form and in no case longer than the current school year.

All medications will be administered in accordance with the physician's order by a school nurse. When it is necessary for a nurse to involve non-nursing staff in assisting with the monitoring of medication administration, the designee shall be supervised and properly trained by the school nurse.

Parent/guardian is responsible for informing the school nurse's office of any change in the medication needs of a student. When any change occurs, the parent/guardian must provide documentation from the prescribing physician to the nurse's office.

By requiring written authorization and physician's orders, the School District hereby asserts that it will incur no liability for the use of unauthorized drugs. Students in possession of prescription or non-

<p>4. Student Possession and Self-Administration of Asthma Inhalers or Other Emergency Medications</p>	<p>prescription drugs that have not been registered with the school nurse will be considered to be in violation of the District’s drug and alcohol policy and will be subject to any disciplinary action appropriate under the District’s discipline code, which could include expulsion. Nurses will keep records of all medications administered. These records will include the student’s name, the name of the medication, the dosage, the date, and the time of the administration.</p> <p>In emergency situations, non-prescription medications may be given following the standing orders for administration of non-prescription medications from the chief school physician. If yearly parent authorization is also provided, the nurse will administer first aid medications / treatments approved by the school physician, regular strength Tylenol, Midol and Tums as needed by the student in school.</p> <p>A student may be permitted to possess and self-administer certain emergency medication if authorized by a treating physician.</p> <p>“Emergency self-administration” means self-administration of pre-approved medication to avoid immediate and substantial risk of health, including but not limited to, self-administration of an epinephrine auto injection (e.g., Epi-Pen, Epi-Pen, Jr.), insulin, glucose tablets, glucagon, or a “rescue” asthma inhaler (e.g., Albuterol, Proventil, Ventolin).</p> <p>Prior to allowing a student to possess and/or self-administer emergency medication, the District shall require an order from the licensed prescriber for the medication, including a statement that it is necessary for the student to possess the medication, the recommended dosage of the medication, the time(s) at which the medication should be administered, and that the student is capable of self-administration.</p> <p>The District shall also require that the student’s parent/guardian submit to the nurse’s office a completed <i>Medication Administration Request and Consent Form</i> (Form WA-15)-signed by the student’s parent/guardian and physician, indicating his/her opinion that the student should be permitted to carry and/or self-administer the emergency medication in the school setting. This form must be approved by the school nurse before the student may possess or self-administer emergency medication on school grounds. The District shall also require that the student's parent/guardian submit to the nurse's office a completed Medication Administration Consent Form (Form WA-15) in order for the student to be permitted to carry and self-administer certain emergency medication while on a school-sponsored field trip.</p> <p>Upon receipt of the above-referenced form, the school nurse will assess the student’s capability to self-administer based on the student’s:</p> <ul style="list-style-type: none"> • Cognitive ability and understanding of his/her medication;
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- Ability to measure and independently administer the medication;
- Demonstration of maturity and reliability in taking and safely carrying medication;
- Ability to document his/her medication where necessary.

The student must notify the nurse immediately following the self-administration of any approved emergency medication. The student must provide assurance to the school nurse that s/he will not permit any peers to possess or use the emergency medication. The District retains the right to restrict a student's possession and/or self-administration of emergency medication, including through confiscation, if school policies or the licensed physician's recommendations are abused or ignored.

When self-administration is authorized, parent/guardian should know (and is hereby informed and notified) that the District bears no responsibility for ensuring that the medication is taken. By providing written authorization, a parent/guardian fully releases the District from any and all liability arising out of a student's use or non-use, or self-administration, of emergency medication.

Wilson Area School District
Medication Administration Consent Form (WA-15)

In accordance with Board Policy 5146, medication(s) should be given at home before and/or after school. When this is not possible, prior to medication being administered to a student during the school day, the parent/guardian must complete this Medication Administration Consent Form and personally deliver to the school nurse: the medication to be administered, in its original container, appropriately labeled by the qualified health care provider and/or pharmacy. The label must contain the student's name, name of medication, dosage and time to be administered, and the prescribing health care provider's name and/or the pharmacy name. Over-the-counter medications must be in the original container as purchased.

For Completion By Parent/Guardian

Student's Name: _____ Date of Birth: _____

School: _____ Grade: ____ Parent/Guardian Emergency Phone Number: _____

I, (print parent/guardian name) _____, hereby give my consent for my child/student identified above to receive the below medication as prescribed. I also give consent for Wilson Area School District staff to communicate with the below health care provider for the benefit of my child. I release, discharge, and hold harmless the Wilson Area School District, its agents and employees, from any and all liability and claims whatsoever in connection with the administration of the below medication to my child. I understand that a new consent form must be completed by the parent and qualified health care provider if the medication dosage changes at any time. I also understand that a new consent form must be completed each school year and that any medications not picked up at the end of the school year will be properly discarded.

Parent/Guardian Signature Parent/Guardian Printed Name Date

For Completion By Qualified Health Care Provider

_____ (print student's name) must receive medication prescribed by me for the following medical condition(s): _____.

Medication(s): _____ Route: _____ Dosage: _____ Frequency: _____

Possible Side Effects: _____ Restrictions: _____

Reason medication must be administered during school hours: _____

For Emergency Medication Only (Inhaler or Epinephrine Auto Injector)

Is student authorized to carry the emergency medication on his/her person? Yes ____ No ____

Is student authorized to self-administer the emergency medication? Yes ____ No ____

For Field Trips

May the above medication be omitted? Yes ____ No ____

May the above medication be administered early and/or late? Yes ____ No ____

If order is for Epinephrine/Benadryl, may Benadryl be omitted? Yes ____ No ____

Health Care Provider Signature Health Care Provider Printed Name Date