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## **RICHFIELD PUBLIC SCHOOLS**

### **STUDENT MEDICATION**

#### **I. PURPOSE**

The purpose of this policy is to set forth the provisions for student medication administration at school, as well as the administration of opioid overdose reversal medication for individuals believed or suspected to be experiencing an opioid overdose.

#### **II. GENERAL STATEMENT OF POLICY**

It is generally recognized that during the school day some students may require medication for chronic health conditions or short-term illness. This medication enables students to remain in school and participate in their education. Although Richfield Public Schools encourages medication to be given outside of school hours whenever possible, the District will facilitate the administration of medication for any student if the parent/guardian is willing to comply with requests for authorization and provision of information. Self-administration of medication may be allowed if certain conditions are met.

The school board authorizes District administration to obtain and possess opioid overdose reversal medication, such as Naloxone, to be maintained and administered to a student or other individual by trained school staff if the staff member determines in good faith that the person to whom the medication is administered is experiencing an opioid overdose.

#### **III. REQUIREMENTS**

A. Parents/guardians of students requesting that long-term medication (longer than three weeks and/or over-the-counter) be administered during school hours by school staff are required, according to District guidelines, to provide:

1. A signed statement from the licensed prescriber; and
2. A signed parent/guardian release for the administration of medication.

B. Parents/guardians of students requesting that short-term (three weeks or less) non-controlled prescription medication be administered during school hours by school staff are required, according to District guidelines, to provide the school with a written parent/guardian release for the administration of this medication.

- 1 C. A Consent for Administration of Medication form, or the equivalent,  
2 must be completed annually (once per school year) and/or when a  
3 change in the requirements for administration occurs. Medication  
4 as used in this policy does not include any form of medical  
5 cannabis as defined in Minn. Stat. § 152.22, Subd. 6.  
6
- 7 D. Medication must come to school in the original container, and must  
8 be administered in a manner consistent with the instructions or  
9 manufacturer's label.  
10
- 11 E. School health service staff may request to receive further  
12 information, if needed, prior to administration of the medication.  
13
- 14 F. Medications are to be left with the appropriate District personnel.  
15 Exceptions to this requirement are: prescription asthma  
16 medications self-administered with an inhaler (See Part J.5. below),  
17 and/or other non-controlled medications authorized by a licensed  
18 prescriber and the parent/guardian for self-carry/administration.  
19
- 20 G. The school shall be notified by parent/guardian or students 18  
21 years or older in writing of any change in the student's medication  
22 administration. A new medication authorization consent and/or  
23 medication container label with new pharmacy instructions shall be  
24 required.  
25
- 26 H. For medication used by children with a disability, administration  
27 may be as provided in the student's individualized plan.  
28
- 29 I. The school nurse, or other designated person, shall be responsible  
30 for filing the medication authorization consent form in the health  
31 records. The school nurse, or other designated person, shall be  
32 responsible for providing a copy of such form to the principal or to  
33 other personnel designated to administer medication.  
34
- 35 J. Specific Exceptions:  
36
- 37 1. Special health treatments and health functions such as  
38 catheterization, tracheostomy suctioning, and gastrostomy  
39 feedings do not constitute administration of medication;  
40
  - 41 2. Emergency health procedures, including emergency  
42 administration of medication are not subject to this policy;  
43
  - 44 3. Medication provided or administered by a public health  
45 agency to prevent or control an illness or a disease outbreak  
46 are not governed by this policy;  
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  - 48 4. Medication used at school in connection with services for  
49 which a minor may give effective consent are not governed  
50 by this policy;

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5. Medications that are prescription asthma or reactive airway disease medications can be self-administered by a student with an asthma inhaler if:
- a. the District has received a written authorization from the student's parent/guardian permitting the student to self-administer the medication;
  - b. the inhaler is properly labeled for that student; and
  - c. the parent/guardian has not requested school personnel to administer the medication to the student.

The parent/guardian must submit written authorization for the student to self-administer the medication each school year. In addition, the student's parent or guardian must submit written verification from the prescribing professional which documents that an assessment of the student's knowledge and skills to safely possess and use an asthma inhaler in a school setting has been completed.

The school nurse or other designated person must assess the student's knowledge and skills to safely possess and use an asthma inhaler in a school setting and enter into the student's school health record a plan to implement safe possession and use of asthma inhalers;

6. Medications that are:
- a. used off school grounds;
  - b. used in connection with athletics or extracurricular activities; or
  - c. used in connection with activities that occur before or after the regular school day

are not governed by this policy.

7. A student in grade 9 or above may possess and use nonprescription pain relief in a manner consistent with the labeling, if the District has received written authorization from the student's parent/guardian permitting the student to self-administer the medication. The parent/guardian must submit written authorization for the student to self-administer the medication each school year. The District may revoke a student's privilege to possess and use nonprescription pain relievers if the District determines that the student is abusing

1 the privilege. At no time will any student be permitted to  
2 share medication or give any medication to any other  
3 student. This provision does not apply to the possession or  
4 use of any drug or product containing ephedrine or  
5 pseudoephedrine as its sole active ingredient or as one of its  
6 active ingredients.

7  
8 8. At the start of each school year or at the time a student  
9 enrolls in school, whichever is first, a student's  
10 parent/guardian, school staff, including those responsible for  
11 student health care, and the prescribing medical  
12 professional must develop and implement an individualized  
13 written health plan for a student who is prescribed  
14 epinephrine auto-injectors that enables the student to:

- 15  
16 a. possess epinephrine auto-injectors; or  
17  
18 b. if the parent and prescribing medical professional  
19 determine the student is unable to possess the  
20 epinephrine, have immediate access to epinephrine  
21 auto-injectors in close proximity to the student at all  
22 times during the instructional day.

23  
24 The plan must designate the school staff responsible for  
25 implementing the student's health plan, including  
26 recognizing anaphylaxis and administering epinephrine auto-  
27 injectors when required, consistent with state law. This  
28 health plan may be included in a student's individualized  
29 plan.

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31 9. School staff are not required to provide sunscreen or assist  
32 students in applying sunscreen.

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34 K. "Parent/guardian" for students 18 years old or older is the student.

35  
36 L. The District has approved the following procedure for the collection  
37 and transport of any unclaimed or abandoned prescription drugs or  
38 medications remaining in the possession of school staff. Before the  
39 transportation of any prescription drugs or medication, the District  
40 shall make a reasonable attempt to return the unused prescription  
41 drug or medication to the student's parent/guardian. Transportation  
42 of unclaimed or unused prescription drugs or medications will occur  
43 at least annually, but may occur more frequently at the discretion of  
44 the District.

45  
46 If the unclaimed or abandoned prescription drug is not a controlled  
47 substance as defined under Minn. Stat. §152.01, subd. 4, or is an  
48 over-the-counter medication, the District will either designate an  
49 individual who shall be responsible for transporting the drug or

1 medication to a designated community drop-off box, or request a  
2 dissolvable medication bag from a local law enforcement agency.

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4 **IV. OVERDOSE MEDICATION**

5  
6 The District will obtain and possess at least two doses or intranasal  
7 Naloxone for every school building. The medication will be maintained and  
8 administered by trained school staff member to a student, parent, staff or  
9 other individual if it is determined in good faith that the person is  
10 experiencing an opioid overdose.

11  
12 A. Minn. Stat. §604A.04 “Good Samaritan Overdose Protection”  
13 states that a person who is not a healthcare professional who acts  
14 in good faith in administering an opiate antagonist to another  
15 person whom the person believes in good faith to be suffering from  
16 an opioid overdose is immune from criminal prosecution for the act  
17 and is not liable for any civil damages for acts or omissions  
18 resulting from the act.

19  
20 B. In accordance with this statute, the District will obtain a standing  
21 order for distribution of Naloxone by a licensed medical provider  
22 and review it as needed.

23  
24 C. Stock Naloxone will be clearly labeled and stored in each building’s  
25 first floor AED boxes closest to the main office that are accessible  
26 by trained staff.

27  
28 D. Health services and school administration will identify appropriate  
29 staff to be trained annually at each school.

30  
31 E. The health services supervisor will be responsible for acquiring and  
32 maintaining a standing Naloxone distribution order and Naloxone  
33 condition specific protocol provided by the prescribing physician.

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35  
36 **Legal References:**

37 Minn. Stat. § 13.32 (Student Health Data)

38 Minn. Stat. § 121A.21 (Hiring of Health Personnel) Minn. Stat. § 121A.22  
39 (Administration of Drugs and Medicine)

40 Minn. Stat. § 121A.221 (Possession and Use of Asthma Inhalers by Asthmatic  
41 Students)

42 Minn. Stat. § 121A.222 (Possession and Use of Nonprescription Pain Relievers  
43 by Secondary Students)

44 Minn. Stat. § 121A.2205 (Possession and Use of Epinephrine Auto Injectors;  
45 Model Policy)

46 Minn. Stat. § 121A.224 (Opiate Antagonists)

47 Minn. Stat. § 121A.2207 (Life-Threatening Allergies in Schools; Stock Supply of  
48 Epinephrine Auto-Injectors)

49 Minn. Stat. § 151.212 (Label of Prescription Drug Containers)

50 Minn. Stat. § 152.22 (Medical Cannabis; Definitions)

- 1 Minn. Stat. § 152.23 (Medical Cannabis; Limitations)
- 2 Minn. Stat. § 604A.01 (Good Samaritan Law)
- 3 Minn. Stat. § 604A.015 (School Bus Driver Immunity from Liability)
- 4 Minn. Stat. § 604A.04 (Good Samaritan Overdose Prevention)
- 5 Minn. Stat. § 604A.05 (Good Samaritan Overdose Medical Assistance)
- 6 20 U.S.C. § 1400 et seq. (Individuals with Disabilities Education Improvement
- 7 Act of 2004)
- 8 29 U.S.C. § 794 et seq. (Rehabilitation Act of 1973, § 504)
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10 Cross References:  
11 Board Policy 104: Drug-Free Workplace/Drug-Free School

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14 RATIFIED BY THE BOARD OF EDUCATION: July 17, 2006

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16 REVISED BY THE BOARD OF EDUCATION: January 22, 2019; November 13,  
17 2023