

# KAUKAUNA AREA SCHOOL DISTRICT

## MEDICATION ADMINISTRATION PROCEDURE

In the interest of safety for all students, the following medication administration procedures will be followed for any student needing medication while at school.

1. **PRESCRIPTION MEDICATION** to be given at school **MUST** have:
  - A written order from a United States licensed physician within 48 hours.
  - Parent/legal guardian written permission.
  - Medication must be in the actual labeled pharmacy container (loose pills/tablets sent in plastic bags or envelopes are not acceptable).
  - Stimulant type medication (which is given for Attention Deficit Disorder) must be brought to the school health office by the parent /guardian. Likewise, if the medication is discontinued or changed, any remaining medication must be picked up by the parent/guardian.
  - A new written order from the parent and the physician is needed for any medication dosage change.
  - For students on long term medication therapy, an annual physician and parent/legal guardian permission renewal is required.
2. **OVER-THE-COUNTER MEDICATION** to be given in school **MUST** have parental/legal guardian written permission. Only FDA approved products will be administered and only in the recommended therapeutic dose. Over-the-counter medication must be in the original labeled container.
3. All medications will be distributed out of the school health office by the school nurse or district staff trained in medication administration.
  - Field Trip Exception: Single doses of medication will be placed in sealed, labeled envelopes. A staff member trained in medication administration will be responsible for the handling of the medication and the documentation related to the medication.
  - Extended Field Trip/Travels Abroad: The medication consent form needs to be completed by the parent/guardian and ordering physician. All prescription medications will need to be listed and all medications need to be supplied in the original labeled pharmacy bottle with only the quantity needed for the fieldtrip. (Policy 351, Exhibit C).
  - All medication administered at school will be stored in a locked medicine cabinet located in the health office. Asthma Inhaler and Epi Pen Exceptions: An Asthma Inhaler or Epi Pen may be kept on the student's person if written permission from both parent/guardian and the physician is on file in the Health Office. A student's authorization to possess and self-administer emergency medication may be revoked by the building administrator after consultation with the school nurse and/or parent/guardian if the student demonstrates an inability to responsibly possess and self-administer such medication.
4. All medication doses, both prescription and over-the-counter, will be documented on the Medication Administration Record or the individual student health logs. Upon discovering the error, the staff member will immediately notify the school nurse by contacting the health office and the Medication Incident Report will be completed.
5. Parents must notify the school if a medication is discontinued. If the medication is resumed, a new order must be received from the physician and a consent form must be signed by the parent/legal guardian.
6. It is the parent/guardian's responsibility to provide emergency medications for traveling to and from school and for school sponsored events.
7. Cough drops and lozenges are not permitted in the school due to the choking risk associated with these. As a healthy and safe alternative, fluid intake should be increased.
8. Students 18 years of age and older are permitted to provide written consent for their own medication.
9. **Kaukauna Area School District will not take responsibility for a medication dose omission if a student deceptively chooses not to swallow his/her medication(s) by means such as pocketing, cheeking, etc.**

**KAUKAUNA AREA SCHOOL DISTRICT  
CONSENT FOR MEDICATION ADMINISTRATION**

Dear Parent / Guardian,

Some students need to receive medication during the school day. In order to ensure safe and appropriate delivery of medication, please follow the Medication Administration Procedure on the reverse side of this form. Please remember a parent/guardian signature is required for all medications and an ordering physician signature is also required for prescription medications. The following information is needed for a medication to be administered at school.

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Ordering physician: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Prescription: \_\_\_\_\_ Non-prescription: \_\_\_\_\_ (check one)

Dosage: \_\_\_\_\_ Time: \_\_\_\_\_ Route: \_\_\_\_\_

Reason for medication: \_\_\_\_\_  
\_\_\_\_\_

If medication is **as needed**, under which condition should it be given: \_\_\_\_\_  
\_\_\_\_\_

Other special instructions and/or interventions \_\_\_\_\_  
\_\_\_\_\_

Should the student receive his/her lunch prescription medication dose on 11:30 a.m. early release days?    YES / NO

\* **Asthma Inhaler:** Student is able to carry his/her own inhaler.    YES / NO

\***Epi Pen:** Student is able to carry and manage his/her own epi-pen    YES / NO

I verify the above medication order:

\_\_\_\_\_  
**Physician Signature**

\_\_\_\_\_  
**Date**

I hereby give the school my permission to administer the above medication to my child in accordance with the KASD Medication Administration Procedure. I further give my permission for school personnel to contact the ordering physician as needed to clarify instructions or share appropriate information. I agree that the school nurse may share the above information with appropriate school personnel. I agree to notify the school nurse of any changes to the above medication administration instructions. I understand that this permission is effective for the duration of the school year unless I have specified otherwise.

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

\_\_\_\_\_  
**Date**