

DISPENSING MEDICATIONS

The Mill Creek Public School Board of Education recognizes that students will on occasion need to take medicines at school. The term "medicine" as used in this policy means "non-prescription medicine" and "filled prescription medicine." Students needing special care at school due to some special condition, illness or disease should give information, including a statement from parents or doctor concerning the difficulty and care needed, to the main office.

Definitions

"Non-prescription medicine" is that medicine that may be purchased over-the-counter without direction from a physician. Non-prescription medicine must be in the original container and have affixed the name of medicine, dosage, guidelines and directions for administration. A student's name must be written on the container. "Non-prescription medications" may be dispensed and administered only in compliance with the written directions on the label of the medication or as otherwise authorized in writing by the student's physician.

"Filled prescription medicine" is a medication contained in a prescription container with a label which correctly states the name and address of the pharmacy, date of filling, name of patient, name of person who prescribes the medication, prescription number, name of medication, dose per unit and directions for the administration of the medicine. If these details are not listed on a pharmacy container, or if a sample is provided by a doctor or a prescription changed, a doctor's written instructions are required. All medications should also be accompanied by a written authorization from the parent or guardian indicating the purpose of the medication, time to be administered, and termination date for administering the medication.

745 Authorized Personnel to Prescribe Medications

The principal or designated school employee will oversee and record any filled prescription or non-prescription medication a student uses or takes. All medicines will be properly stored in a designated location and kept locked at all times. These medicines will not be readily accessible to anyone other than school employees designated to administer medication.

746 Record of Medications Administered to Students

School personnel will keep on file signed authorization forms as well as a record of the following: name of student to whom the medication is administered, date the medicine is administered, name/initials of person administering the medicine, name of medicine, dosage of medicine, time medicine is administered.

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748 Authorization Form

If it becomes necessary for a student to use or take filled prescription medicine or non-prescription medicine at school, it is the policy of the Mill Creek Public Schools that a parent or

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guardian must sign a Parent Provided Prescription/Non-Prescription Medication Authorization form provided by school personnel.

A new medication authorization form must be filled out for each medication at the beginning of each school year, for each change in medication and/or for any change in dosage.

749 District Responsibility

The Mill Creek Public School District assumes no responsibility for the control of medicines not registered or stored with designated school personnel. Medication brought to school not meeting stated guidelines will not be administered. The principal, school nurse, contracted nurse, or designated school employee may not be held liable to the student or his/her parent or guardian for civil damages, for any personal injuries to the student which result from acts or omissions of the principal, school nurse, contracted nurse, or designated school employee in the administering of any medicine. However, such immunity does not apply to acts or omissions constituting gross, willful or wanton negligence.

750 School-Provided First Aid

If a student becomes injured or ill at school, it is the policy of the Mill Creek Public Schools to administer first aid/nonprescription medicine if a parent or guardian has signed a School-Provided Non-Prescription Medication, First Aid and CPR Authorization form. Such authorization is to be in effect as long as a student is enrolled in the Mill Creek Public Schools unless the parent or guardian files a written request that the authorization is cancelled.

If a student becomes ill during the school day, he/she should go to the office. The student's parents or those designated on his/her enrollment form will be contacted.

When a student is involved in an accident that results in a severe or life-threatening injury, school officials may call for professional medical assistance until a parent is available to either provide or request assistance for the student.

If a student has special needs due to some condition such as diabetes, epilepsy, asthma, rheumatic fever or a heart condition, the principal's office should be notified.

751 Reporting Accidents

Any employee witnessing an accident on school property (a building, grounds, or district vehicle) at any time will make a written report as soon as the situation is under control to the principal to be forwarded to the superintendent.

**REGULATION
PARENTAL AUTHORIZATION
FOR DISPENSING NON-PRESCRIPTION MEDICATIONS**

**Mill Creek Public Schools
Parental Authorization
for Dispensing Non-Prescription Medications**

The undersigned, _____, is parent, guardian or custodian
of _____ who attends _____
School.

If this child is injured or becomes ill at school, I hereby authorize school personnel or

(Name and how this person may be reached.)

to administer non-prescription medicine to the child in the event I cannot be contacted to
give my consent to administer the medicine.

Parent with legal custody or Guardian

Address

Phone

**THE MILL CREEK PUBLIC SCHOOLS
LOG FOR DISPENSING MEDICINE**

School Year _____

Date & Time of Medicine Administered Medicine	Name of Student Given Medicine	Name of Person Who Administered Medicine	Name
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STUDENT SELF-ADMINISTRATION OF INHALED ASTHMA MEDICATION

Pursuant to 70 O.S. § 1-116.3, the Board of Education of the _____ School District permits students to self-administer inhaled asthma medication in accordance with the following conditions and guidelines:

Definitions:

1. "Medication" means a metered dose inhaler or a dry powder inhaler to alleviate asthmatic symptoms, prescribed by a physician and having an individual label;
2. "Self-administration" means a student's use of medication pursuant to prescription or written direction from a physician.

Requirements for Parents and Students:

1. Permission granted by this policy for self-administration of inhaled asthma medication is effective only for the school year in which it is granted. Permission shall be renewed each subsequent school year only upon fulfillment of the requirements of this policy.
2. The parent or legal guardian of the student must authorize in writing permission for the student's self-administration of inhaled asthma medication. Such written permission shall include the following:
 - a. Permission statement authorizing the student to self-administer inhaled asthma medication.
 - b. A written statement from the student's physician stating that the student has asthma and is capable of, and has been instructed in, the proper method of self-administration of the medication.
 - c. Acknowledgement from the student's parent or legal guardian that the District and its employees and agents shall incur no liability as a result of any injury arising from the student's self-administration of asthma medication and acknowledgement that the District has provided this information in writing to the parent or legal guardian.
3. Prior to the District granting permission for the student to self-administer inhaled asthma medication, the parent or legal guardian of the student is required to provide the school an emergency supply of the student's medication to be administered in accordance with the provisions of District Policy 720, *Dispensing Medications*. The parent or legal guardian shall agree in writing to the conditions and regulations set forth in that Policy.

A student who has been granted permission by the District to self-administer inhaled asthma medication pursuant to this Policy shall be permitted to possess and use a prescribed inhaler at all times.

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**REGULATION
PARENTAL AUTHORIZATION FOR STUDENT SELF-ADMINISTRATION
OF INHALED ASTHMA MEDICATION**

The undersigned, _____, ("Parent") is the parent or
legal guardian of _____, ("Student") who attends _____
_____ School.

By Parent's signature below, Parent understands and agrees to the following:

1. Parent hereby authorizes Student to self-administer inhaled asthma medication pursuant to the guidelines set forth in District Policy 720.1.
2. Parent has read, understands and agrees to the provisions and regulations of District Policy 720.1, *Student Self-Administration of Inhaled Asthma Medication*, and understands that violation of the terms and conditions set forth in that Policy by either Student or Parent may result in revocation of Student's permission to self-administer inhaled asthma medication at school.
3. Parent has provided to the District a written statement from Student's physician indicating that Student has asthma and is capable of, and has been instructed in the proper method of, self-administration of inhaled asthma medication.
4. Parent acknowledges the following statement:

"The District, its employees and agents shall incur no liability as a result of any injury arising from the self-administration of medication by the student."
5. Parent has read, understands and agrees to the provisions and regulations of District Policy 720, *Dispensing Medications*, and understands that violation of the terms and conditions set forth in that Policy by either Student or Parent may result in revocation of Student's permission to self-administer inhaled asthma medication at school.
6. Parent has been given a copy of District Policy 720.1, *Student Self-Administration of Inhaled Asthma Medication*; a copy of District Policy 720, *Dispensing Medication* and any accompanying signed forms; and a copy of this signed Parental Authorization form.

Signature of Parent or Legal Guardian

Date

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