

Thompson Falls School District

STUDENTS

3416

Administration of Medication

“Medication” means prescribed drugs and medical devices that are controlled by the U.S. Food and Drug Administration and are ordered by a healthcare provider. It includes over-the-counter medications prescribed through a standing order by the school physician or prescribed by the student’s healthcare provider.

A building principal or other administrator may authorize, in writing, any school employee:

To assist in self-administration of any drug that may lawfully be sold over the counter without a prescription to a student in compliance with the written instructions and with the written consent of a student’s parent or guardian; and

To assist in self-administration of a prescription drug to a student in compliance with written instructions of a medical practitioner and with the written consent of a student’s parent or guardian.

Except in an emergency situation, only a qualified healthcare professional may administer a drug or a prescription drug to a student under this policy. Diagnosis and treatment of illness and the prescribing of drugs are never the responsibility of a school employee and should not be practiced by any school personnel.

Administering Medication

The Board will permit administration of medication to students in schools in its jurisdiction. A school nurse (who has successfully completed specific training in administration of medication), pursuant to written authorization of a physician or dentist and that of a parent, an individual who has executed a caretaker relative educational authorization affidavit, or guardian, may administer medication to any student in the school or may delegate this task pursuant to Montana law.

Emergency Administration of Medication

In case of an anaphylactic reaction or risk of such reaction, a school nurse or delegate may administer emergency oral or injectable medication to any student in need thereof on school grounds, in a school building, or at a school function, according to a standing order of a chief medical advisor or a student’s private physician.

In the absence of a school nurse, an administrator or designated staff member exempt from the nurse license requirement under § 37-8-103(1)(c), MCA, who has completed training in administration of medication, may give emergency medication to students orally or by injection.

The Board requires that there must be on record a medically diagnosed allergic condition that would require prompt treatment to protect a student from serious harm or death.

A building administrator or school nurse will enter any medication to be administered in an emergency on an individual student medication record and will file it in a student's cumulative health folder.

A district can choose to maintain stock supplies of epinephrine, opioid antagonists, and/or albuterol. It can choose all allowed stock supplies, or one or more at its discretion.

The District may maintain a stock supply of autoinjectable epinephrine or epinephrine nasal spray prescribed to it by a physician, advanced practice registered nurse, or physician assistant and filled by a licensed pharmacy. In the event a school within the District chooses to maintain a stock supply of epinephrine autoinjectors or epinephrine nasal spray, it shall inform all parents or guardians about the potential use of the epinephrine autoinjector in an anaphylactic emergency. A school nurse or other authorized personnel will administer autoinjectable epinephrine or epinephrine nasal spray to any student or nonstudent as needed for actual or perceived anaphylaxis. In the event that the District chooses to maintain a stock supply of autoinjectable epinephrine or epinephrine nasal spray, it shall develop the protocol and provide the training required by Montana law.

The District may maintain a stock supply of an opioid antagonist prescribed to it by a physician, advanced practice registered nurse, or physician assistant and filled by a licensed pharmacy. In the event a school within the District chooses to maintain a stock supply of an opioid antagonist, it shall inform all parents or guardians about the potential use of the opioid antagonist in an opioid overdose emergency. A school nurse or other authorized personnel will administer an opioid antagonist to any student or nonstudent as needed for an actual or perceived opioid overdose. In the event that the District chooses to maintain a stock supply of an opioid antagonist, it shall develop the protocol and provide the training required by Montana law.

The District may maintain a stock supply of albuterol, including single-use disposable holding chambers, to be administered by a school nurse or other employee designated by the administration who has undergone required training to be administered to a student or nonstudent as needed for respiratory distress. The District shall obtain a prescription for the stock supply albuterol from a physician, advanced practice registered nurse, or physician assistant and have it filled by a licensed pharmacy. In the event that the District maintains a stock supply of albuterol, it shall develop the protocol and provide the training required by Montana.

A building administrator or school nurse will enter any medication to be administered in an emergency on an individual student medication record and will file it in a student's cumulative health folder.

Self-Administration of Medication

The District will permit students who are able to self-administer specific medication to do so provided that:

A physician or dentist provides a written order for self-administration of said medication;

Written authorization for self-administration of medication from a student's parent, an individual who has executed a caretaker relative educational authorization affidavit, or guardian is on file; and

A principal and appropriate teachers are informed that a student is self-administering prescribed medication.

A building principal or school administrator may authorize, in writing, any employee to assist with self-administration of medications, provided that only the following may be employed:

Making oral suggestions, prompting, reminding, gesturing, or providing a written guide for self-administering medications;

Handing to a student a prefilled, labeled medication holder or a labeled unit dose container, syringe, or original marked and labeled container from a pharmacy;

Opening the lid of a container for a student;

Guiding the hand of a student to self-administer a medication;

Holding and assisting a student in drinking fluid to assist in the swallowing of oral medications; and

Assisting with the removal of a medication from a container for a student with a physical disability that prevents independence in the act.

Self-Administration or Possession of Asthma, Severe Allergy, or Anaphylaxis Medication

Students with allergies or asthma may be authorized by the building principal or Superintendent, in consultation with medical personnel, to possess and self-administer emergency medication during the school day, during field trips, school-sponsored events, or while on a school bus. The student shall be authorized to possess and self-administer medication if the following conditions have been met:

A written and signed authorization from the parents, an individual who has executed a caretaker relative educational authorization affidavit, or guardians for self-administration of medication, acknowledging that the District or its employees are not liable for injury that results from the student self-administering the medication.

The student must have the prior written approval of his/her primary healthcare provider. The written notice from the student's primary care provider must specify the name and purpose of the medication, the prescribed dosage, frequency with which it may be administered, and the circumstances that may warrant its use.

Documentation that the student has demonstrated to the healthcare practitioner and the school nurse, if available, the skill level necessary to use and administer the medication.

Documentation of a doctor-formulated written treatment plan for managing asthma, severe allergies, or anaphylaxis episodes of the student and for medication use by the student during school hours.

Authorization granted to a student to possess and self-administer medication shall be valid for the current school year only and must be renewed annually.

A student's authorization to possess and self-administer medication may be limited or revoked by the building principal or other administrative personnel.

If provided by the parent, an individual who has executed a caretaker relative educational authorization affidavit, or guardian, and in accordance with documentation provided by the student's doctor, backup medication must be kept at a student's school in a predetermined location or locations to which the student has access in the event of an asthma, severe allergy, or anaphylaxis emergency.

Immediately after using epinephrine during school hours, a student shall report to the school nurse or other adult at the school who shall provide follow up care, including making a 9-1-1 emergency call.

Administration of Glucagons

School employees may voluntarily agree to administer glucagons to a student pursuant to § 20-5-412, MCA, only under the following conditions: (1) the employee has filed the necessary designation and acceptance documentation with the District, as required by § 20-5-412(2), MCA, and (2) the employee has filed the necessary written documentation of training with the District, as required by § 20-5-412(4), MCA. All documentation shall be kept on file.

Handling and Storage of Medications

The Board requires that all medications, including those approved for keeping by students for self-medication, be first delivered by a parent, an individual who has executed a caretaker relative educational authorization affidavit, or other responsible adult to a nurse or employee assisting with self-administration of medication. A nurse or assistant:

Must examine any new medication to ensure it is properly labeled with dates, name of student, medication name, dosage, and physician's name;

Must develop a medication administration plan, if administration is necessary for a student, before any medication is given by school personnel;

Must record on the student's individual medication record the date a medication is delivered and the amount of medication received;

Must store medication requiring refrigeration at 36° to 46° F;

Must store prescribed medicinal preparations in a securely locked storage compartment; and

Must store controlled substances in a separate compartment, secured and locked at all times. All non-emergency medication shall be kept in a locked, nonportable container, stored in its original container with the original prescription label. Epinephrine, naloxone, and student emergency medication may be kept in portable containers and transported by the school nurse or other authorized school personnel.

Must not allow food to be stored in a refrigeration unit with medications.

Shall notify the building administrator, school district nurse, and parent or guardian of any medication error and document it on the medication administration record.

The District will permit only a forty-five (45) school-day supply of a medication for a student to be stored at a school; and all medications, prescription and nonprescription, will be stored in their original containers.

The District will limit access to all stored medication to those persons authorized to administer medications or to assist in the self-administration of medications. The District requires every school to maintain a current list of those persons authorized by delegation from a licensed nurse to administer medications.

The District may maintain a stock supply of auto-injectable epinephrine to be administered by a school nurse or other authorized personnel to any student or nonstudent as needed for actual or perceived anaphylaxis. If the district intends to obtain an order for emergency use of epinephrine in a school setting or at related activities, the district shall adhere to the requirements stated in 20-5-420, Section 2, MCA.

Disposal of Medication

The District requires school personnel either to return to a parent, an individual who has executed a caretaker relative educational authorization affidavit, or guardian or, with permission of the parent, an individual who has executed a caretaker relative educational authorization affidavit, or guardian, to destroy any unused, discontinued, or obsolete medication. A school nurse, in the presence of a witness, will destroy any medicine not repossessed by a parent or guardian within a seven-(7)-day period of notification by school authorities.

Medical sharps shall be disposed of in an approved sharps container. Building administrators should contact the school nurse or designated employee when such a container is needed. Sharps containers are to be kept in a secure location in the school building. Disposal of sharps container, medical equipment, and personal protective equipment is the responsibility of the school nurse or designated employee in accordance with the Montana Infectious Waste Management Act and the manufacture guidelines specific to the container or equipment.

Legal Reference:	§ 20-5-412, MCA	Definition – parent-designated adult administration of glucagons – training
	§ 20-5-420, MCA	Self-administration or possession of asthma, severe allergy, or anaphylaxis medication
	24.159.1604, ARM	Tasks Which May Be Routinely Assigned to an Unlicensed Person in Any Setting When a Nurse-Patient Relationship Exists
	§ 37-8-103(1)(c), MCA	Exemptions – limitations on authority conferred
	§ 75-10-1001, <i>et seq</i> , MCA	Infectious Waste Management Act
	37.111.812, ARM	Safety Requirements
	§ 20-5-421, MCA	Emergency Use of Epinephrine in School Setting
	§ 20-5-426, MCA	Emergency Use of Opioid Antagonist in School Setting
	<i>House Bill 600</i>	Emergency Use of Albuterol in a School Setting

Policy History:

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