JLCD - ADMINISTERING MEDICINE TO STUDENTS / ASTHMA, FOOD ALLERGY AND ANAPHYLAXIS HEALTH MANAGEMENT

This policy governs the terms and conditions under which medicine may be administered to students, except that administration of medical marijuana is covered under District Policy JLCDB – Administering Medical Marijuana to Qualified Students on District Property.

Student possession, use, distribution, gift, purchase, exchange, sale, or being under the influence of medicine inconsistent with the terms of this policy will be addressed as a violation of District Policy JICH -Student Conduct Involving Drugs and Alcohol.

Definitions

For the purposes of this policy, these terms have the following meanings:

- **"Emergency-use epinephrine"** means a portable, disposable drug delivery device or product approved by the Federal Food and Drug Administration that contains a premeasured, single does of epinephrine that is used to treat anaphylaxis in an emergency situation.

- **"Medicine"** includes prescription medicine and nonprescription medicine.

- **"Nonprescription medicine"** includes but is not limited to over-the-counter medicine, homeopathic medicine, herbal medicine, vitamins and nutritional supplements.

- **"Non-laboratory additive detection test"** means a product that is intended or designed to detect the presence of an additive to a synthetic opiate or an immediate precursor to a synthetic opiate.

- **"Non-laboratory synthetic opiate detection test"** means a product that is intended or designed to detect the presence of a synthetic opiate.

- **"Opioid antagonist"** means naloxone hydrochloride or any similarly acting drug that is not a controlled substance and that is approved by the federal Food and Drug Administration (FDA) for the treatment of a drug overdose.

- **"Opioid-related Drug Overdose Event"** means an acute condition, including a decreased level of consciousness or respiratory depression,

that: (1) results from the consumption or use of a controlled substance or another substance with which a controlled substance was combined; (2) a layperson would reasonably believe to be caused by an opioid-related drug overdose event; and (3) requires medical assistance.

Rules Applicable to All Students and to All Medicine Except Medical Marijuana

Whenever reasonably possible, students should take medicine outside of school and school-sponsored activities. Medicine will only be administered to a student at school or a school-sponsored activity when it is necessary to do so. In such cases, the medicine may be administered by the student's parent/caregiver or by a District employee as set forth in this policy and the accompanying regulation. A student at least 18 years old may self-administer medicine (excluding medical marijuana and controlled substances) as set forth in this policy and in the accompanying regulation.

All medicine to be administered at school or a school-sponsored activity must be furnished by the student's parent/caregiver, and must be delivered by the student's parent/caregiver to an individual in the school office designated to receive it, unless alternative arrangements have been made and approved in advance by the school nurse or as otherwise permitted in this policy.

A written request to administer medicine to a student, and a full release of the District and its employees from claims arising out of administering the medicine, must be signed and submitted by the student's parent/caregiver in order for medicine to be administered by a District employee to any student at school or a school-sponsored activity. The request and release must include a signature from a health care provider (MD, NP, PA, or DO). A separate written request and release must be signed and submitted for each medicine to be administered, and for each change in the dosage, time(s) and/or manner of administration. The required documentation may be incorporated as part of a student Health Plan, Section 504 Plan, IEP, or authorization for extended field trip or other school-sponsored activity.

Verbal requests to administer medicine to a student may be honored only when: (1) made to the school nurse by the student's parent/caregiver, (2) prior delivery of the required written request and release is not reasonably possible under the circumstances, and (3) the school nurse can confirm that the verbal request is legitimately from the student's parent/caregiver and can confirm with the student's prescribing health care provider. The required written request and release, and any required written authorization and directions signed by a health care provider, must be submitted before the medicine is administered to the student a second day.

Additional Rules Applicable to Prescription Medicine

If it is necessary for a student to take prescription medicine at school or a school-sponsored activity, it must be furnished in the original pharmacy labeled container. The student's name, name of the medicine, dosage, name of prescribing health care

provider, date the prescription was filled, and expiration date must be printed on the medicine container's pharmacy label.

Prescription medicine must be administered by a school nurse, or by a District employee to whom the nurse has properly delegated this task as authorized under the Nurse and Nurse Aide Practice Act (nurse's designee), including training on the administration of the medication, a high school student who is authorized to carry and self-administer medicine under this policy, and a student authorized to carry and self-administer asthma, food allergy and anaphylaxis medication under this policy. Each nurse's designee must be approved by the building principal. Prescription medicine must be administered by school employees only in accordance with written authorization and directions signed by the prescribing health care provider (which authorization and directions will not include the pharmacy label on the medicine container).

Additional Rules Applicable to Nonprescription Medicine

If it is necessary for a student to take nonprescription medicine at school or a school-sponsored activity, it must be furnished in the original container labeled by the pharmaceutical company or other commercial distributor of the medicine.

Nonprescription medicine must be administered by a school nurse or by the nurse's designee, a high school student who is authorized to carry and self-administer medicine under this policy, and a student authorized to carry and self-administer asthma, food allergy and anaphylaxis medication under this policy. Each nurse's designee must be approved by the building principal.

Nonprescription medicine must be administered by District employees only in accordance with written authorization and directions signed by the treating health care provider.

Authorization to Possess and Self-Administer Medicine Except Medical Marijuana and Scheduled/Controlled Medications

A high school student or middle school student on certain school-sponsored international trips who needs to take medicine at school or a school-sponsored activity may be authorized to possess and self-administer the student's medicine, except medical marijuana or scheduled/controlled medications, in accordance with the following terms and conditions:

1. The student is subject to and will comply with the rules set forthabove, unless otherwise amended in this section.
2. Before the student may possess and self-administer medicine at school or a school-sponsored activity:
    - A written request, and a full release of the District and its employees from claims arising out of the student possessing and self-administering the medicine, must be signed and submittedby the student's parent/caregiver.

- Any required written authorization and directions signed by a health care provider must be submitted.
- The school nurse and building principal must determine that the student has the ability to properly self-administer the medicine, and that the student is sufficiently mature and responsible to safelypossess and self-administer the medicine at school or a school-sponsored activity in compliance with applicable District policies and regulations.
- The school nurse and building principal must determine that the student's possession or self-administration of the medication does not pose a significant risk of harm to the student or to other students.

3. The student is only authorized to possess and self-administer a one-day dose of medicine at school or a school-sponsored activity, unless more than a one-day dose is authorized by the school nurse due to the duration of a particular school-sponsored activity. This paragraph does not apply to a high school student who requires and possesses an insulin pump or other medical device that delivers dosages of prescribed medication over a period of time that exceeds one day.

4. The student must always maintain the security of their medicine so that it may not be taken by or otherwise fall into the possession of another person.

5. Possessing and self-administering medicine at school is a privilege granted to students that may be lost if not exercised responsibly and safely, as determined by the school nurse and building principal.

Asthma, Food Allergy, and Anaphylaxis Health Management

Authorization to Self-Carry

A student with asthma, a food allergy, other severe allergies or a related life-threatening condition may possess and self-administer prescribed medication to treat such conditions at school, at a school-sponsored activity or while being transported in a school vehicle, in accordance with Colorado law and the following terms and conditions:

1. Before the student may possess and self-administer the prescribed medication:

   - The student's parent/caregiver must submit a written medical authorization signed by the prescribing health care practitioner that includes the name, purpose, prescribed dosage, frequency and length of time between dosages of the medication to be self-administered; and confirmation from the healthcare practitioner that the student has been instructed and is capable of self-administering the prescribed medication.
   - The student must demonstrate to the school nurse and to the student's health care practitioner (or practitioner's designee) the skill level necessary to use the medication and any device used to administer the medication as prescribed, including but not limited to: (1) the ability to

identify the correct medication; (2) demonstration of the correct administration technique; (3) knowledge of the dose required; (4) the frequency of use; and (5) the ability to recognize when to take the medication. In addition, a written treatment plan for managing the student's asthma, food allergy or anaphylaxis episodes and for the student's medication use must be developed by the school nurse in collaboration with the student's health care practitioner. The treatment plan is effective only for the school year in which it is approved or until a new treatment plan is developed, whicheverperiod is shorter. New treatment plans must be developed for each subsequent school year in which the Act's requirements and the terms and conditions specified in this section are met.

- A written contract must be developed and signed by the school nurse, the student, and the student's parent/caregiver that assigns levels of responsibility to the parent/caregiver, the student, and District employees. The contract must accompany orders for the medication from the student's health care practitioner and must specify that noncompliance with the contract terms may result in withdrawal of the privilege of possessing and self-administering the prescribed medication.
- The contract must include requirements that the student must: (1) be able to demonstrate competency in taking the medication; (2) be able to demonstrate asthma/allergy management and self-care skills; (3) notify a school official if emergency medication has been administered or when having more difficulty than usual with the student's medical condition; and (4) be expressly prohibited from allowing another person to use the student's medication.
- The contract must include requirements that the student's parent/caregiver will: (1) provide written orders for the medication from the student's health care practitioner; (2) provide written authorization for the student to possess and self-administer the medication; and (3) provide assurance that the medication container is appropriately labeled by a pharmacist or health care practitioner, that the medication device contains the medication, that the medication has not expired, that backup medication will be provided to the school for emergencies, and that the status of the student's asthma/allergy is reviewed with the student on a regular basis.
- The contract must include requirements that the school nurse will: (1) review with the student the correct technique for use of the medication device; (2) be advised regarding the time and dosages specified in the written orders for the medication from the student's health care practitioner; (3) be advised regarding the appropriate use of the medication; (4) provide assurance that the status of the student's asthma/allergy is reviewed with the student on a regular basis; (5) notify school employees on a need-to-know basis that a student has asthma or a life-threatening allergy and has permission to possess and self-administer medication for that condition; and (6) assign one or more

school employees to make a 911 emergency call if the student has an exposure that results in the need to use epinephrine.
- The student's parent/caregiver must sign and submit a written statement releasing the District, school and any associated entity, and all employees and volunteers of the District, school and any associated entity, from liability (except with respect to willful and wanton conduct or disregard of the criteria of the treatment plan).

2. Immediately after being administered emergency use epinephrine at school, at a school- sponsored activity or while being transported in a school vehicle, the student will be sent to the school nurse. The school must promptly make a 911 emergency call and authorized school employees must provide for appropriate follow-up care.

Student Food Allergies and Anaphylaxis Management

Student food allergies and anaphylaxis in the District's schools will be managed in accordance with the following terms and conditions:

1. The District will make available on its website and at each of its schools the standard form developed by the Colorado Department of Public Health and Environment that allows the parent/caregiver of a student with a known food allergy to provide the student's school with information as specified in Colorado law regarding the allergy.

2. Each school must have a plan in place for communication with emergency medical services. The plan must include the provision of information on student food allergy forms to emergency medical responders.

3. The parent/caregiver of each student who is not authorized to possess and self-administer medication for the student's food allergy or anaphylaxis will provide the school with a supply of the student's prescribed medication for use in the event of an anaphylactic reaction. All emergency medications must be stored in a secure location at the school that is easily accessible for designated employees.

4. The school nurse and building principal will identify certain employees at each school who will receive emergency anaphylaxis treatment training. Such employees must include those directly involved during the school day with students who have known food allergies. The training must, at a minimum, provide the school employees with: (1) a basic understanding of food allergies and the importance of reasonable avoidance of agents that may cause anaphylaxis; (2) the ability to recognize symptoms of anaphylaxis; (3) the ability to respond appropriately in the event of a student suffering an anaphylactic reaction; and (4) the ability to administer self-injectable epinephrine to a student suffering an anaphylactic reaction.

5. The school nurse is responsible for the development and implementation of a student Health Plan for each student with the diagnosis of a potential life-threatening food allergy. If a student has an IEP or Section 504 Plan, the school nurse will be part of that team or work with the team regarding the Health Plan. Such Health Plans must include, as appropriate: (1) consideration of information provided by the student, student's parent/caregiver and student's health care provider, including but not limited to information provided on the Food Allergy Form; and (2) reasonable steps to reduce the student's exposure to agents at school and school-sponsored activities that may cause anaphylaxis.

6. The health services coordinator must develop, periodically review and revise as necessary or appropriate administrative guidelines to help ensure that student food allergies and anaphylaxis in the District's schools are properly managed. District employees interacting with students who have food allergies must comply with such administrative guidelines.

Use of Stock Emergency-Use Epinephrine

If supplies and funding are available, the District will maintain a stock supply of emergency-use epinephrine for use in emergency anaphylaxis events that occur on school grounds (excluding school buses). Any administration of stock emergency-use epinephrine to a student by a District employee must be in accordance with applicable state law, including applicable State Board of Education rules.

The District's stock supply of emergency-use epinephrine is not intended to replace student-specific orders or medication provided by the student's parent/caregiver to treat the student's asthma, food or other allergy, anaphylaxis or related, life-threatening condition.

Use of Opioid Antagonists

If funding and supplies are available, the District will maintain a stock supply of opioid antagonists to assist an individual who is at risk of experiencing an opioid-related drug overdose event. The opioid antagonists may be stored on school grounds, on a school bus, or both.

Administration of an opioid antagonist by a District employee to a student or other individual must be in accordance with applicable state law. Prior to administration of an opioid antagonist, a District employee must receive appropriate training that includes risk factors for overdose, recognizing an overdose, calling emergency medical services, rescue breathing, and administering an opioid antagonist. Such training will be developed by the health services coordinator.

A District employee may furnish opioid antagonists on school grounds or on a school bus to any individual, including a student. A District employee acting in accordance with this policy and the law is not subject to civil liability or criminal prosecution, as

specified in Colorado law.

The school principal's designee may provide training to students prior to furnishing opioid antagonists to a student. It will not be considered a violation of District policy for a student to possess or administer an opioid antagonist on school grounds, on a school bus, or at any school-sponsored event.

Synthetic Opiate Detection Tests, and Non-Laboratory Additive Detection Tests

If funding and supplies are available, the District may maintain a supply of non-laboratory synthetic opiate detection tests, non-laboratory additive detection tests, or both. A District employee may furnish non-laboratory synthetic opiate detection tests, non-laboratory additive detection tests, or both to any individual. Guidelines for the maintenance and furnishing of synthetic opiate detection tests, and non-laboratory additive detection tests will be developed and maintained by the Student Services Department.

It will not be considered a violation of District policy for a student to possess a non-laboratory synthetic opiate detection test or non-laboratory additive detection test on school grounds, on a school bus, or at any school-sponsored event.

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Revised by Board: May 24, 2022, effective July 1, 2022
Revised by Board: June 9, 2026, effective July 1, 2026

Cross References:
JLCE, First Aid and Emergency Medical Care
JLCD-R, Administering Medicine to Students
JICH, Student Conduct Involving Drugs and Alcohol
JLCDB, Administering Medical Marijuana to Qualified Students on District Property

Legal References:
C.R.S. 12-255-101 et seq. (Nurse and Nurse Aide Practice Act)
C.R.S. 18-1-712 (immunity for administering an opioid antagonist)
C.R.S. 22-1-119 (no liability for adverse drug reactions/side effects)
C.R.S. 22-1-119.1 (Board may adopt policy to acquire a stock supply of opiate

antagonists)
C.R.S. 22-1-119.3 (policy for student possession and administration of prescription medication and administration of medical marijuana)
C.R.S. 22-1-119.5 (Colorado School Children's Asthma, Food Allergy, and Anaphylaxis Management Act)
C.R.S. 22-2-135 (Colorado School Children's Food Allergy and Anaphylaxis Management Act)
C.R.S. 22-32-139 (food allergies and anaphylaxis policy required)
1 CCR 301-68 (student possession and administration of asthma, allergy and anaphylaxis management medications or other prescription medications)
6 CCR 1010-6, Rule 9-105 (storage of medication)