

JGFGB Supervision of Medications

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The supervision of medications shall be in strict compliance with the rules and regulations of the board as carried out by district administrators.

Under normal circumstances medication may not be brought to school by students for their own usage or that of others. Such medicines will be removed from the person of the student and retained for return to the student or the parents as deemed appropriate. Any disciplinary action will be left to the discretion of the principal.

If under exceptional circumstances a student is required to take medication during school hours, only the school nurse, the principal, or the school nurse's designee will administer the medication in compliance with the following regulations.

“Health care provider” shall refer to a physician licensed to practice medicine and surgery; a certified, advanced registered nurse practitioner who has authority to prescribe drugs; or a licensed physician assistant who has authority to prescribe drugs pursuant to a written protocol with a responsible physician.

1. Written permission from a licensed health care provider must accompany ALL medication and all special health care procedures to be administered. Medications may include prescription medication and necessary "over-the-counter" drugs such as aspirin, Tylenol, cold preparations, or allergy relief preparations. The health care provider's permission form (USD 457 Form #116 - Permission for Medication Form) should include the following information:
 - a. Date
 - b. Medication and/or treatment to be given
 - c. Dosage to be administered
 - d. Time of day to be given. (For example, if medication is to be given three (3) times a day, medication should be given at home before school, after school and at bedtime, unless the health care provider's medication order states at noon, before lunch or after lunch.)
2. Written permission from the parent/guardian must accompany ALL medication (USD 457 - Form #116 - Permission for Medication Form). Form #116 must be updated at the beginning of each school year.
3. The medication must be brought to school in the original container appropriately labeled by the pharmacy or health care provider. The parent may wish to request two containers from the pharmacist.
4. Any changes in type of drugs, dosage, and/or time of administration must be accompanied by a new health care provider and parent permission signature and a newly labeled container.
5. All medication maintained in the school setting should be kept in a secured area.

6. The school nurse is responsible for ensuring that:
 - a. the administration of medication is properly documented;
 - b. the therapeutic benefits and side-effects are monitored; and
 - c. appropriate information is communicated to parents, licensed health care providers and school staff.
7. Medications should be inventoried every semester by the school nurse and school secretary. Out-of-date stock will be destroyed.
8. Over-the-counter medications should not be maintained on any school premises, including athletic areas, unless a prescription along with written parent permission to administer medication is furnished to the school.
9. Disposing of unused medications: If a student's medication changes during the school year, the remaining medication shall be given to the parent or guardian at the time of the delivery of new medication. Medication remaining at the end of the school year shall be taken home by the parent or guardian. Medication may be sent home with the student, with written parent permission. Any medication not claimed shall be discarded as recommended by the local health officer and appropriate OSHA guidelines, on the school nurse's last working day of the school year.

Adopted: 3/20/78

Revised: 9/06/83, 9/08/87

Adopted: 11/07/88

Revised: 9/3/91; 4/6/92; 8/2/93; 8/15/94; 8/9/04; 12/13/04; 10/17/05

USD #457 Permission Form
For Medication Administration and Special Health Care Services
(Must be updated by licensed health care provider at the beginning of each school year)

Policy: Unified School District #457 requires that all students who need medication and/or special health care services during school hours be in compliance with the following:

1. Permission form must be completed and signed by licensed health care provider.
2. Permission form must be signed by the parent or legal guardian.
3. Medication must be brought to school in the original container, properly labeled with the student's name and correct dosage by a registered pharmacist as prescribed by law. "Over the counter" medication must be in sealed original container.
4. Only medication or treatment that is necessary so the pupil can attend school or benefit from his or her educational program should be given during the school day.

Student's Name: _____ DOB: _____

School: _____ Diagnosis /Condition: _____

TO BE COMPLETED BY APPROPRIATE HEALTH CARE PROVIDER:

Medication and/or treatment ordered: _____

Times and dosages to be given at school: _____

Special orders and/or side effects to be monitored: _____

Student has been instructed on self-administration of medication and/or treatment and is authorized to do so in school: NO YES

Printed Name of Physician: _____ Phone Number: _____

Signature of Physician: _____ Date: _____

TO BE COMPLETED BY PARENT OR GUARDIAN:

I give permission for my child, _____, to receive the medication and /or special health care services as directed at school. I also give permission for the school nurse, or his/her delegated representative, and the student's health care provider(s) to share information regarding this diagnosis or condition. I further understand that any school employee who administers any drug to my child in accordance with written instructions from the licensed health care provider shall not be liable for damages as a result of an adverse drug reaction suffered by the student because of administering such drug. I acknowledge that the school and its employees incur no liability for any injury resulting from the self-administration of medication.

Signature of Parent or Guardian

Date

Emergency Phone

