

MEDICATION AT SCHOOL

Under normal circumstances prescribed and non-prescribed oral (over-the-counter) medications should be dispensed before and/or after school hours under supervision of the parent or guardian. Oral medications are administered by mouth either by swallowing or inhaling **including through a mask that covers the mouth or mouth and nose.**

If a student must receive prescribed or non-prescribed medication from an authorized staff member, the parent must submit a written authorization accompanied by a written request from a licensed health professional prescribing within the scope of his/her prescriptive authority. If the medication will be administered for more than fifteen consecutive days, the health professional must also provide written, current and unexpired instructions for the administration of the medication.

The superintendent shall establish procedures for:

- A. Training staff members in the administration of prescribed or non-prescribed oral medication;
- B. Designating staff members who may administer prescribed or non-prescribed oral medications to students;
- C. Receiving a signed and dated parental and health professional request for the dispensing of prescribed or non-prescribed oral medications, including instructions from the health professional if the medication is to be given for more than fifteen days.
- D. Storing prescribed or non-prescribed medication in a locked or limited access facility; and
- E. Maintaining records pertaining to the administration of prescribed or non-prescribed oral medication.
- F. Permitting, under limited circumstances, a student to carry and self-administer medication necessary to his/her attendance at school.

No medication shall be administered by injection except when a student is susceptible to a predetermined, life endangering situation. In such an instance, the parent shall submit a written and signed permission statement. Such an authorization shall be supported by signed and dated written orders accompanied by supporting directions from the licensed health professional. A staff member shall be trained prior to injecting a medication.

Medications administered by routes other than oral (ointments, drops, nasal inhalers, suppositories or non-emergency injections) may not be administered by school staff other than registered nurses or licensed practical nurses.

If the district decides to discontinue administering a student's medication, the superintendent or designee

must provide notice to the student's parent or guardian orally and in writing prior to the discontinuance. There shall be a valid reason for the discontinuance that does not compromise the health of the student or violate legal protections for the disabled.

Legal references: RCW 28A.210.260 Administration of Oral Medication by - Conditions
 28A.210.270 Administration of Oral Medication by - Immunity from
 Liability
 Attorney General Memorandum (2/9/89) - Administration of Medication

Adoption Date: APR 25 2001
Orcas Island School District

MEDICATION AT SCHOOL

The school nurse (or designee) shall supervise the administration of prescribed or nonprescribed oral medication. Oral medications are administered by mouth either by swallowing or inhaling and may include administration by mask if the mask covers the mouth or mouth and nose. These designated staff members will participate in an in-service training session conducted by a physician or registered nurse prior to the opening of school each year.

Prescribed or over-the-counter oral medication may be dispensed to students on a scheduled basis upon written authorization from a parent with a written request by a licensed health professional prescribing within the scope of his/her prescriptive authority. If the medication is to be administered more than fifteen consecutive days, the written request must be accompanied by written instructions from a licensed health professional. Requests shall be valid for not more than the current school year. The prescribed or non-prescribed medication must be properly labeled and be contained in the original container. The dispenser of prescribed or nonprescribed oral medication shall:

- A. Collect the medication directly from the parent (students should not transport medication to school); collect an authorization form properly signed by the parent and the prescribing health professional and collect instructions from the prescribing health professional if the oral medication is to be administered for more than fifteen consecutive days.
- B. Store the prescription or non-prescribed oral medication (not more than a twenty (20) day supply) in a locked, substantially constructed cabinet; and
- C. Maintain daily records indicating the prescribed or non-prescribed oral medication was dispensed.
- D. Provide for supervision by a physician or registered nurse.

A copy of this policy shall be provided to the parent upon request for administration of medication in the schools. ~~and the parent shall agree in writing that because of the schedule and other responsibilities it is permissible for a dosage or dosages to be delayed or missed. If the parent refuses to accept that condition, the district shall reject the request.~~

Medications administered other than orally may only be administered by a registered nurse or licensed practical nurse.

No prescribed medication shall be administered by injection by staff except when a student is susceptible to a predetermined, life-endangering situation. The parent shall submit a written statement which grants a staff member the authority to act according to the specific written orders and supporting directions provided by a licensed health professional prescribing within his/her prescriptive authority (e.g., medication administered to counteract a reaction to a bee sting). Such medication shall be administered by staff trained by the supervising registered nurse to administer such an injection.

Written orders for emergency medication, signed and dated, from the licensed health professional prescribing within his/her prescriptive authority, shall:

- A. State that the student suffers from an allergy which may result in an anaphylactic reaction;
- B. Identify the drug, the mode of administration, the dose. Epinephrine administered by inhalation, rather than injection, may be a treatment option. This decision must be made by the licensed health professional prescribing within his/her prescriptive authority;
- C. Indicate when the injection shall be administered based on anticipated symptoms or time lapse from exposure to the allergen;
- D. Recommend follow-up after administration, which may include care of the stinger, need for a tourniquet, administration of additional medications, transport to hospital; and
- E. Specify how to report to the licensed health professional and any record keeping recommendations.

If a health professional and a student's parent/guardian request that a student be permitted to carry his/her own medication and/or be permitted to self-administer the medication, the principal may grant permission **after consulting with the school nurse**. The process for requesting and providing instructions shall be the same as established for oral medications. The principal and nurse shall take into account the age, maturity and capability of the student; the nature of the medication; the circumstances under which the student will or may have to self-administer the medication and other issues relevant in the specific case before authorizing a student to carry and/or self-administer medication at school. Except in the case of multi-dose devices (like asthma inhalers), students shall only carry one day's supply of medication at a time. Violations of any conditions placed on the student permitted to carry and/or self-administer his/her own medication may result in termination of that permission, as well as the imposition of discipline when appropriate.

Date: APR 23 2002

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Note:

Page 3 of 4 is the Authorization For Administration of Oral Medication at School form;
and Page 4 of 4 is the Authorization For Self-Administration of Medication at School form.

AUTHORIZATION FOR ADMINISTRATION OF ORAL MEDICATION AT SCHOOL

Student's Name _____ Grade _____ Birth Date _____
MM DD YR

THIS SECTION TO BE COMPLETED BY THE PHYSICIAN/DENTIST:

Name of Medication	Dosage	Method of Administration	Time to be Taken	
			AM	PM

Specify length of time between doses _____

Possible side effects of medication _____

Emergency procedure in case of serious side effects _____

I request and authorize that the above named student be administered the above identified medication in accordance with the instructions indicated above for the period commencing _____ through _____ (not to exceed current school year). I certify that a valid health reason exists which makes administration of the medication advisable during school hours or during such time that the student is under the supervision of school officials. This medication may be administered by medically trained school personnel.

Signature of physician/dentist _____ Date _____

Print/type name of physician/dentist _____ Telephone _____

PLEASE NOTE: IF SAMPLES OF MEDICATION ARE TO BE GIVEN, THEY MUST BE LABELED WITH THE NAME OF THE STUDENT, DOSAGE AND TIME TO BE ADMINISTERED.

THIS SECTION TO BE COMPLETED BY THE PARENTS/GUARDIANS

I request/authorize the school to administer medication to the above named student in accordance with the doctor's instructions for the period from _____ through _____ (not to exceed current school year). I understand that every effort will be made by the school staff to administer the medication in a timely manner.

Signature of parent/guardian _____ Date _____

Telephone: home _____ ; work _____

AUTHORIZATION FOR SELF-ADMINISTRATION OF MEDICATION AT SCHOOL

Student's Name _____ Grade _____ Birth Date _____
MM DD YR

THIS SECTION TO BE COMPLETED BY THE PHYSICIAN/DENTIST:

Name of Medication	Dosage	Method of Administration	Time to be Taken
			AM PM

Inhalers: _____
(indicate if student must carry on his/her person)

Student is capable of self-administration of medication: YES NO

Possible side effects of medication _____

Emergency procedure in case of serious side effects _____

I request and authorize that the above named student be able to self-administer the above identified medication in accordance with the instructions indicated above for the period commencing _____ through _____ (not to exceed current school year). I certify that a valid health reason exists which makes administration of the medication advisable during school hours or during such time that the student is under the supervision of school officials.

Signature of physician/dentist _____ Date _____

Print/type name of physician/dentist _____ Telephone _____

THIS SECTION TO BE COMPLETED BY THE PARENTS/GUARDIANS

I request/authorize the above named student to be able to self administer the identified medication prescribed in accordance with the doctor's instructions for the period from _____ through _____ (not to exceed current school year). I understand that my signature indicates the school accepts no liability for adverse reactions when the medication is administered in accordance with the doctor's directions.

Permission to carry inhaler: YES NO

Permission to self-administer medication: YES NO

Signature of parent/guardian _____ Date _____

Telephone: home _____ ; work _____

PLEASE NOTE; STUDENTS MUST CARRY ONLY ONE DAY'S DOSAGE IN AN ORIGINAL LABELED CONTAINER WITH THE STUDENT'S NAME, NAME OF MEDICATION AND THE DOSAGE TO BE TAKEN. NONPRESCRIPTION MEDICATION MUST BE IN THE ORIGINAL CONTAINER FROM THE MANUFACTURER. ALL MEDICATION MUST BE IN A FORM READ TO BE ADMINISTERED.