

MEDICATION

MEDICATION



SNOWFLAKE UNIFIED SCHOOL DISTRICT
REQUEST FOR IN-SCHOOL MEDICATION ADMINISTRATION

District personnel are not permitted to give medication of any kind (prescription and over the counter) unless the student's parent or guardian authorizes in writing, that the medication is needed. Medication must be supplied to the Health Staff or Secretary in the original, appropriately labeled container or original packaging if over the counter.

Please provide the following information:

Name of Student: _____, Age: _____, WT _____.
Any Known Allergies: _____.
Name of Prescription Medication: _____.
Prescription Number: _____, Physician's Name: _____.
Name of Over the Counter Medication: _____.
Strength of Medication: _____, Dosage to be Given: _____.
Time or Intervals Medications are to be Given: _____.

Students using inhalers must have signed parent/guardian consent. A written statement from a physician is required for elementary age students. If parent elects for the student to carry an inhaler at all times, the parent releases the school from liabilities, should the student misuse the inhalant.

I consent to the administration of medication as indicated above to be given to my child by designated staff of the Snowflake School District and to be responsible for supplying adequate supply of the same.

Parent/Guardian Signature

Home Phone Number

Date

**The school must be notified immediately of any change in
Medication administration.**

Designated Staff

As principal of

I designate

and/or

Secretary's Name

Secretary's Name

To administer any PARENT-AUTHORIZED medications (must be written authorizations for either prescription or over the counter medications) to any students needing them during the absence of and/or

Kim Stevens RN

Health Staff's Name/Title

Health Staff's Name/Title

From the Health Office during school hours.

Principal's Signature _____.

J-5385 JLCD-EE

EXHIBIT EXHIBIT

**ADMINISTERING MEDICINE
TO STUDENTS
GUIDELINES**

To the Parent of _____ Date _____

When it is necessary to administer medications at school, the following guidelines will be adhered to:

1. For any medication to be given to your child by school staff, a *Request for School Administration of Medication* form (JLCD-ED) must be completed and signed by a parent.
 - a. This form must be updated for any changes. A prescription pad is acceptable for changes in dosage and/or time.
 - b. Forms may be faxed to and from the doctor's office.
 - c. New forms are required to be submitted each year.
2. Nonprescription medicines, over-the-counter (OTC), will be dispensed by health office personnel to students who have written permission from a parent for a maximum of five (5) consecutive days.
 - a. A *Consent for Administering Medication at School* form (JLCD-EC) must be completed.
 - b. In order to minimize the possibility of a drug overdose, nonprescribed medications will not be dispensed during the first and last hours of the school day.
 - c. OTC medications must be brought to school in the original container.
3. Medication prescribed by your child's doctor for more than two (2) weeks must have a written doctor's order *Request for School Administration of Medication* form (JLCD-ED) signed and returned to school before the medication will be given by school personnel with your signed permission.
 - a. Forms may be faxed to and from the doctor's office.
4. Medication prescribed to be given two (2) or three (3) times a day is not administered at school unless specifically ordered by the doctor at a specific time.
 - a. Medication to be given four (4) times a day can be given at school.
5. All medication must be brought to school by the parent or another adult in a properly labeled container from the pharmacy.
 - a. You may want the pharmacist to label two (2) containers: one (1) for school and one (1) to keep at home.

- b. The label on the bottle must match the doctor's order (JLCD-EC) exactly, including time of administration.
6. If the medication needs to be split in halves or quarters, you must have the pharmacist split the tablets before they are brought to school. We are not authorized to break pills/tablets.
7. Bring no more than one (1) month's supply of medication to school.
8. Narcotic pain medication will not be administered at school.
9. Students may *not* carry or administer their own medication except for inhalers and epi-pens with written permission from parent and approval from the school nurse.
 - a. *Consent and Release for Students to Self-Administer Prescribed Services or Medication Related to Anaphylaxis and Life-Threatening Situations* form (JLCD-EA) and *Consent and Release Form for Student to Carry Inhaler* (JLCD-EB) must be completed.
 - b. Approval by the school nurse must be obtained for students to carry epi-pens and inhalers.
10. Disciplinary action will be pursued for violations of Policy JLCD, its regulation, and exhibits.
11. Any medication that is not picked up by the end of the school year will be destroyed.

If you have questions regarding the above guidelines, please contact your school's health office staff.

**SNOWFLAKE UNIFIED SCHOOL DISTRICT #5
HEALTH SERVICES**

GUIDELINES FOR MEDICATION IN SCHOOL

The Snowflake School District recognizes that at the present time many children are able to attend school because of effective use of medication during illness or injury. The District believes that it is most desirable for medication to be administered in the home. When it is necessary for a student to receive medication at school, whether OVER THE COUNTER OR PRESCRIPTION, the following procedure has been established for the protection of the students and to assure compliance with existing Governing Board Policy.

1. Parent or guardians must sign a Medication Consent Form. This form is available in the Health Office or front office at each facility. The signed form is kept on file alphabetically in the red Medication Log. The Medication Log is kept readily available beside the blue Health History Emergency Logs and white Policy and Procedure Manual.
2. Should a student need medication administered and the parent has not submitted a Medication Consent Form, permission must be verified by a telephone call to the parent or guardian. One dose may be given with the verbal permission although, a completed Medication Consent Form must be received by the following school day or no more medication will be administered. Phone conversations must be documented in the comments section of the Medication Consent Form.
3. All prescription medications must be prescribed by a physician licensed in the State of Arizona and supplied to the Health Staff in the original, appropriate labeled, pharmaceutical container. Medication may not be dispensed from an unlabeled container or from one in which the label is not legible. Over the counter medication must be brought in the original store packaging with instructions included containing adverse reactions information. Expired prescriptions will not be accepted. The amount of medication provided to the Health Staff will not exceed a thirty day supply.
4. All medication, including over the counter, must be supplied by the parent.
5. All medication, including over the counter, must be registered through the Health Office prior to the student carrying it on campus.
6. The Principal in consultation with his/her Health Staff shall designate a secretary, teacher or appropriate staff member to administer medication in the absence of Health Staff.
7. Medications are to be stored in a locked cabinet in the Health Office with the following exceptions:
 - a. Liquid anti-biotics may be refrigerated.
 - b. Asthma inhalers may be carried by the students if necessary. Parent or guardian must specify this on the Medication Consent Form. A Physician's statement is required for elementary students.

ADMINISTERING PROCEDURES

1. When giving medication concentrate your whole attention to the task to prevent any errors.
2. Verify parent or guardian signed Medication Consent Form is on file.
3. Obtain medication from locked storage area. Develop the habit of reading the label three times:
 - Before taking the medication from the shelf
 - Before removing the dose from the container
 - Before returning the container to it's proper area
4. Measure dose as ordered on the label:
 - Verify amount of tablets, capsules etc. correspond with the dosage on container
i.e. Ritalin 10mg. may be dispensed in 2 - 5mg. tablets or 1 - 10mg. tablet.
 - Avoid handling tablets, capsules and all medication with your hands. Pour into the bottle cap or medication cup the correct amount and then pour into the student's hand.
 - When pouring liquids hold calibrated medication cup at eye level.
Do not use eating utensils for measuring.
 - Supply water for student if needed.
 - Never leave medication unattended.
5. Check the identification of the student prior to giving the medication.
6. Remain with the student until all the medication has been taken.
7. Return medication to locked storage area.
8. Wash medication measuring device if one is utilized.
9. Record the time and your initials in the appropriate date box on the Medication Consent Form for doses given. If over the counter medications and prescriptions are dispensed at the same time, document the over the counter medication in the comments section.
10. Once a complete course of medication has been administered or the parent or physician request discontinuation of medication, remove the Medication Consent Form from the Medication Log. Document in the comments area on the side, any parent or physician comments or requests in any capacity, including discontinuation, regarding medication administration. File the Medication Consent Form in the student's health file.
11. Any known allergies or reactions to medication should be indicated with a fluorescent allergy adhesive tab.

J-5382 JLCD-EB

EXHIBIT EXHIBIT

ADMINISTERING MEDICINE TO STUDENTS

CONSENT AND RELEASE FOR STUDENT TO CARRY ASTHMA INHALER

Student Name _____

Grade _____ ID Number _____

Physician's Name _____

Physician's Phone Number _____

Physician's Fax Number _____

_____ (Student) has been instructed in the proper purpose and appropriate method and frequency of use of the _____ inhaler. _____ (Parent) requests that _____

(Student) be permitted to carry the inhaler on his/her person. We, the undersigned, absolve the school of any responsibility in safeguarding our child's inhaler. We further note that:

1. The physician has explained the risks of improper use of the inhaler to the parents and the student.
2. The student understands his/her responsibility for keeping the inhaler safely on his/her person. The student understands the importance of preventing other students from using the inhaler, and that such use could seriously endanger other students. Providing the inhaler to another student will result in disciplinary action.
3. An extra inhaler must be provided to the Health Office for emergency use by the above named student.
4. I understand, in the absence of a working inhaler, my child is at risk for a more severe asthmatic crisis, which may require the assistance of emergency medical personnel.

Parent Signature/Date

School Nurse Signature/Date

Student Signature/Date

J-5384 JLCD-ED

EXHIBIT EXHIBIT

ADMINISTERING MEDICINE TO STUDENTS

REQUEST FOR SCHOOL ADMINISTRATION OF MEDICATION

(To Be Filled Out By Physician)

In order for children to receive medicine while at school, the following form (both Parts A and B) must be completely filled out and returned to the school prior to its administration.

A. Health Care Provider's Order for Medication at School

I request the following student to be given medication at school because I believe there exists a valid health reason which makes the administration of medication advisable during the time a student is under supervision of school officials.

Student Name _____ Date of Birth _____

Medication to be administered _____

Dosage and mode of administration _____

Time to be given at school _____

Condition being treated _____

Inclusive dates during which medication is to be given _____

Side effects to be expected, if any. (What emergency measures should be taken if this occurs?) _____

Other medications being taken at home or at school _____

Health Care Provider's Name (Printed) _____ Health Care Provider's Signature _____

_____ Date

SNOWFLAKE UNIFIED SCHOOL DISTRICT #5

Student _____ D.O.B. _____

Grade _____ School Year _____

Permit for Self-Administration of _____ inhaler.

ARS 15-341.A.39

Allow the possession and self-administration of prescription medication for breathing disorders in handheld inhaler devices, by pupils who have been prescribed the medication by a health care professional licensed pursuant to Title 32. The pupil's name on the prescription label on the medication container or on the handheld inhaler device and annual written documentation from the pupil's parent or guardian to the school that authorizes possession and self-administration of the medication. A school district and its employees are immune from civil liability with respect to all decisions made and actions taken that are based on a good faith implementation of the requirements of this paragraph.

(To be completed by parent or legal guardian)

I give permission for my child _____ to self-administer _____ inhaler, as directed by the physician, and carry inhaler during school. The medication will be sent to school in a container appropriately labeled by the pharmacy. I understand that it is the responsibility of my child to report to the Health Office if breathing does not improve after taking medication.

"Self-administration" means that my child has the discretion as to the use of his/her _____ inhaler. Therefore as the parent/guardian, I acknowledge that my child is responsible for having the medication available as needed, that he/she is competent in the proper way to use the inhaler and under what circumstances it should be used. I acknowledge that SNOWFLAKE UNIFIED SCHOOL DISTRICT #5 and its employees will be immune from civil liability for all decisions made and actions take in good faith to implement these provisions as per ARS 15-341, and 15-344. I also acknowledge that SNOWFLAKE UNIFIED SCHOOL DISTRICT #5 and its employees will be exempt from civil liability as a result of any injury arising from my child's self-administration and/or misuse of the medication.

Date _____ Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Home Phone _____ Work or Cell _____

Physician Name _____ Phone # _____ Rx # _____

I have read the above and understand my responsibility to carry and self-administer a _____ inhaler and will notify the Health Office in my breathing does not improve after taking the medication.

Printed name of Student _____ Signature of student _____

Reviewed by _____ Date _____

J-5381 JLCD-EA

EXHIBIT EXHIBIT

**ADMINISTERING MEDICINE
TO STUDENTS**

CONSENT AND RELEASE

**(For Student to Self-Administer Prescribed Services
or Medication Related to Anaphylaxis and
Life-Threatening Exception Situations)**

School _____

Phone _____

_____ (Student) has been instructed in the proper
purpose and appropriate method and frequency of use for _____.

_____ (Parent) request that _____
(Student) be permitted to _____

1. The physician has explained, to both parents and student, the detriments and risks of _____.
2. The above named student understands his/her responsibility for keeping the medication and/or the equipment and supplies safely on his/her person. The above named student understands the importance of preventing other students from using the equipment, medication and supplies, and that such use could seriously endanger other students. As a parent, I have discussed these issues with my child and I believe he/she understands his/her responsibilities for the safe use of the equipment, supplies, and/or medication.
3. The student and parents understand that the policy of Gilbert School District is to have the student come to the school health office for the protection of all students.
4. In the case of a physician's prescribed treatment, as per District policy, the school will expect that the District's treatment permission form be completed to explain how the treatment is prescribed and that the equipment will be properly labeled.
5. In the case of carrying and administration of medication, as per District policy, the school will expect that the District's medication permission form be completed to explain how the medication is prescribed and that the medication be properly labeled. An extra supply of medication must be provided to be kept locked in the Health Office for emergency use by the above named student.

Parent Signature/Date_____
School Nurse Signature/Date