

Title: Procedure for Handling Student Medication

Control Information

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Revision History

Revision	Date	Revision Description	Originator
A	06/25/09	Initial Release	Jen Renée
B	9/11/14	Numbering and format revision, align with District policy	Melissa Harris

1.1. Objective:

The objective of this policy is the following

1. Define procedure for requesting the school to administer medication.
2. Define procedure for requesting student self-administration of medication.
3. Define parent medicine check in and check out.

1.2. Administration of Noninjectable Medications at School

The school recognizes that administering of medication to students and self-medication may be necessary when the failure to take such medication would jeopardize the health of the student or the student would not be able to attend school if medication was not made available during school hours. Consequently, students may be permitted to take noninjectable prescription or nonprescription medication at school, on a temporary or regular basis.

- 1.2.1. All requests for the school to administer prescription medication to a student shall be made by the parent in writing (must complete the “Medication Authorization and Administration Form”). When directed by a physician or other licensed health care professional and Executive Director, students will be allowed to self administer prescription medication. A medical protocol regarding each student who self administers prescription medication will be developed, signed by a physician or other licensed health care professional and parent, and kept on file. Permission for self-administered prescription medication may be revoked at any time if the student violates policy or medical protocol. A prescription label will be deemed sufficient to meet the requirements for written physician instructions.
- 1.2.2. Self-medication by students of non-prescription medications will be permitted in accordance with Procedure S00025. A parent must complete the “Self-Medication Permission Form” for self medication of all nonprescription medications. Permission for self-administered non-prescription medication may be revoked at any time if the student violates policy or medical protocol.
- 1.2.3. The school shall designate school staff authorized to administer medication to students. Training shall be provided as required by law.
- 1.2.4. The school reserves the right to reject a request to administer prescription or nonprescription medication when such medication is not necessary to for the student to remain in school.

1.3. Administration of Injectable Medications at School

The school recognizes a need to ensure the health and well-being of students who require regular injections of medication as a result of experiencing an allergic reaction or to have a need to manage hypoglycemia, asthma, or diabetes. Therefore, in situations when a licensed health care professional is not immediately available, designated trained staff may administer to students, by means of injection, epinephrine, glucagon, or other medication as prescribed and allowed by Oregon law (OAR 851-047-0030)

- 1.3.1. All requests for the school to administer injectable medication to a student shall be made by the parent in writing (must complete the “Medication Authorization and Administration Form”). Requests shall be accompanied by the physician’s order for administering epinephrine, insulin, glucagon, or other medication as allowed by law. A prescription label will be deemed sufficient to meet the requirements for a physician’s order for epinephrine, glucagon, or other medication. A process shall be established by which, upon parent request, a backup prescribed autoinjectable epinephrine may be kept at a reasonable, secured location in the student’s classroom.
- 1.3.2. When directed by a physician or other licensed health care professional, students will be allowed to self-administer medication. A parent must complete the “Self-Medication Permission Form” for self medication of all prescription medications. A medical protocol regarding each student who self administers injectable medication will be developed, signed by a physician or other licensed health care professional and parent, and kept on file. Permission for self-administered medication may be revoked if the student violates policy or medical protocol.
- 1.3.3. The school shall designate staff authorized to administer epinephrine, insulin, glucagon, or other medication as allowed under Oregon law. Training shall be provided as required by law as established by Oregon Department of Human Services, Health Services, and the Oregon State Board of Nursing-Nurse Practice Act. Staff designated to receive training also shall receive bloodborne pathogen training. A current first aid and CPR card will also be required.
- 1.3.4. Injectable medication will be handled, stored, monitored, disposed of, and records maintained in accordance with established school regulations governing administering noninjectable medicines to students including procedures for the disposal of sharps and glass.
- 1.3.5. The Executive Director will ensure student health management plans are developed as necessary, maintained on file, and pertinent health information is provided to school staff as appropriate. Such plans will include provisions for responding to emergency situations including those occurring during curricular and extracurricular activities held after regular school hours and on or off school property.

- 1.3.6. In accordance with the Oregon Department of Human Services protocols, staff who are currently certified in the treatment of severe allergic reactions may respond to an individual experiencing anaphylaxis and administer injectable epinephrine.

1.4. Parent Medicine Check-In and Check-Out Procedure:

- 1.4.1. A parent/guardian who requests to have school staff administer a prescription or non-prescription medication to their child during school hours must complete the "Medication Authorization and Administration Form". At the time medicine is received from the parent/guardian, the form attachment A is to be filled out and signed by the parent/guardian.
- 1.4.2. A parent/guardian who requests to bring a prescription or non-prescription medication for their child to self-administer must complete the "Self-medication Permission Form and Agreement". At the time medicine is received from the parent/guardian, the form attachment A is to be filled out and signed by the parent/guardian.
- 1.4.3. The Administrative Assistant will ensure that all appropriate forms are submitted and filed.
- 1.4.4. The Executive Director is to be notified and must sign attachment A when any new requests for dispensing prescription drugs are submitted.
- 1.4.5. The Administrative Assistant will prepare attachment B for each student who either receives or self-administers prescription or non-prescription medications at school.

1.5. Process for Dispensing Medication:

Please refer to Procedure S00025, section 1.4.

1.6. Storage Location of Medication and Records

Please refer to Procedure S00025, section 1.6.

Medication Authorization and Administration Form

PARENT/GUARDIAN MUST COMPLETE

Student Name: _____ DOB: _____ Grade: _____

School Year: _____ Teacher: _____

Parent/Guardian must sign STUDENT MEDICATION RECORD for amount given to school.

All medication must be submitted in it's original container.

All medications must be delivered and picked up by parent or adult responsible for the student.

I GIVE SCHOOL PERSONNEL PERMISSION TO ADMINISTER MEDICAITON TO MY CHILD PER THE FOLLOWING:

Medication (what): _____

Dosage (how much): _____

Prescription Rx #: _____

Frequency (how often): _____

Non-prescription

Time of Day (when): _____

Duration: Start Date _____ End Date _____

Please allow my student to carry and self-administer this medication. (Must fill and return Self-medication Form)

Expiration date of medication: _____

Route: Mouth Ear Eye Nose Skin Injectable

Reason for Medication: _____

Special Instruction: _____

I understand that:

- 1) I am responsible to provide this medication in its original container, labeled according to school board policy and administrative rules;
- 2) I am responsible to maintain the supply as needed and that a new form must be completed with each new supply or prescription of this medication;
- 3) I am responsible to notify the school in writing of any changes;
- 4) I am required to pick up all unused medication by the last day of school. I understand any medication left at the school will be discarded appropriately.

Parent/Guardian Printed Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

SELF-MEDICATION PERMISSION FORM and AGREEMENT

Student Name: _____ School Year: _____ Grade: _____

Student must be able to demonstrate the ability, developmentally and/or behaviorally, to self-administer prescription and non-prescription medication. Self-medication of prescription and non-prescription medication is only allowed when a student must carry such medication on his/her person for immediate access.

➤ Self-medication of controlled substances and narcotic analgesics are **not allowed**. These medications must be checked into the office.

Student Parent
Initial Initial

_____ All prescription and non-prescription medication must be kept in its appropriately labeled, **original container**, as follows:

Prescription labels must specify the name of the student, name of the medication, dosage, route, frequency or time of administration, expiration date, and any other special instructions including physician authorization for student to self-medicate.

Non-prescription medication **must have the student's name** affixed to the **original container**.

_____ The student may have in his/her possession only the amount of medication needed for that day. For manufacture's packaging that contains multiple dosages, the student may carry one package, such as but not limited to, bronchodilators/inhalers, insulin pens or pumps.

_____ Students needing to self-medicate must carry their medication with them for immediate access; i.e., personal bag/purse, backpack, pocket, etc. Medication should not be left on desks, countertops or other places where others would have access to their medication. Sharing and/or borrowing of medication with another student **are strictly prohibited**.

_____ For students who have been prescribed bronchodilators, epinephrine, and glucagon, school staff will request the parent/guardian to provide backup medication for emergency use by that student. Backup medication will be kept at the student's school in a location which the staff has immediate access in the event the student has an asthma and/or severe allergy emergency or hypoglycemic emergency.

_____ Student will not dispose medication, containers, syringes and/or lancets at school. Disposal will be done at home as appropriate.

_____ Permission to self-medicate may be revoked if the student violates school district policy governing administration of all medications and/or these regulations. Additionally, students may be subject to discipline, up to and including expulsion, as appropriate.

Medications indicated below must match name of medication on container.

- 1. _____ 3. _____
- 2. _____ 4. _____

I have read and agree to the above criteria.

(Student Printed Name/Signature and Date)

(Parent/Guardian Printed Name/Signature and Date)

School Administrator Approval (**I have verified the student is developmentally and/or behaviorally able to self-administer.**)

(Printed Name/Signature and Date)

Attachment A - Procedure for Handling Prescription Medication

Medicine Check In/Out

Teacher's Name: _____							
Student's Name	Release form checked (initial)	Time pr.	Medication	Dosage	Parent sign in	Parent sign out	ED Sign in

Attachment B - Procedure for Handling Prescription Medication Medicine Dosage Calendar

Students name: _____ Week # _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Notes
Dosage #1 time:						
Dosage #2 time:						
Dosage #3 time:						
Dosage #4 time:						

Week # _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Notes
Dosage #1 time:						
Dosage #2 time:						
Dosage #3 time:						
Dosage #4 time:						

Week # _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Notes
Dosage #1 time:						
Dosage #2 time:						
Dosage #3 time:						
Dosage #4 time:						

Week # _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Notes
Dosage #1 time:						
Dosage #2 time:						
Dosage #3 time:						
Dosage #4 time:						

