

ADMINISTRATION OF MEDICATION TO STUDENTS

The board is committed to the inclusion of all students in the education program and recognizes that some students may need prescription and nonprescription medication to participate in their educational program.

Medication shall be administered when the student's parent or guardian (hereafter "parent") provides a signed and dated written statement requesting medication administration and the medication is in the original, labeled container, either as dispensed or in the manufacturer's container. Administration of medication may also occur consistent with board policy 804.05 – Stock Prescription Medication Supply.

When administration of the medication requires ongoing professional health judgment, an individual health plan shall be developed by licensed health personnel working under the auspice of the school with collaboration from the parent or guardian, individual's health care provider or education team pursuant to 281.14.2(256) . Students who have demonstrated competence in administering their own medications may self-administer their medication. A written statement by the student's parent shall be on file requesting co-administration of medication, when competence has been demonstrated. By law, students with asthma, airway constricting diseases, respiratory distress or students at risk of anaphylaxis who use epinephrine auto-injectors may self-administer their medication upon the written approval of the student's parents and prescribing licensed health care professional regardless of competency.

Persons administering medication shall include authorized practitioners, such as licensed registered nurses and physician, and persons to whom authorized practitioners have delegated the administration of medication (who have successfully completed a medication administration course conducted by a registered nurse or pharmacist that is provided by the department of education). The medication administration course is completed every five years with an annual procedural skills check completed with a registered nurse or a pharmacist. A record of course completion shall be maintained by the school.

A written medication administration record shall be on file including:

- date;
- student's name;
- prescriber or person authorizing administration;
- medication;
- medication dosage;
- administration time;
- administration method;
- signature and title of the person administering medication; and
- any unusual circumstances, actions, or omissions.

PARENTAL AUTHORIZATION AND RELEASE FORM FOR THE ADMINISTRATION OF MEDICATION OR SPECIAL HEALTH SERVICES TO STUDENTS

Student's Name (Last), (First), (Middle) Birthday School Date

School medications and special health services are administered following these guidelines:

- Parent has provided a signed, dated authorization to administer prescription medication and/or provide special health services listed. Electronic signatures meet the requirement of written signatures.
The prescribed medication is in the original, labeled container as dispensed.
The prescription medication label contains the student's name, name of the medication, the medication dosage, time(s) to administer, route to administer, and date.
Authorization is renewed annually and as soon as practical when the parent notifies the school that changes are necessary.

Prescribed Medication Dosage Route Time at School

Special Health Services and instructions, in indicated:

Administration instructions

Special Directives, Signs to Observe and Side Effects

Discontinue/Re-Evaluate/Follow-up Date for Prescribed Medication or Special Health Services listed

Prescriber's Signature Date And credentials (when indicated for health service delivery)

Parent/Guardian Signature Date

Parent/Guardian address Home phone

PARENTAL AUTHORIZATION AND RELEASE FORM FOR THE ADMINISTRATION
OF MEDICATION TO STUDENTS

_____/_____/_____
Parent's Signature Date

Parent's Address Home Phone

Additional Information Business Phone

Authorization Form

PARENTAL AUTHORIZATION AND RELEASE FORM FOR THE ADMINISTRATION OF MEDICATION OR SPECIAL HEALTH SERVICES TO STUDENTS

Student's Name (Last), (First), (Middle) Birthday School Date

School medications and special health services are administered following these guidelines:

- Parent has provided a signed, dated authorization to administer prescription medication and/or provide special health services listed. Electronic signatures meet the requirement of written signatures.
The prescribed medication is in the original, labeled container as dispensed.
The prescription medication label contains the student's name, name of the medication, the medication dosage, time(s) to administer, route to administer, and date.
Authorization is renewed annually and as soon as practical when the parent notifies the school that changes are necessary.

Prescribed Medication Dosage Route Time at School

Special Health Services and instructions, in indicated:

Administration instructions

Special Directives, Signs to Observe and Side Effects

Discontinue/Re-Evaluate/Follow-up Date for Prescribed Medication or Special Health Services listed

Prescriber's Signature Date And credentials (when indicated for health service delivery)

Parent/Guardian Signature Date

Parent/Guardian address Home phone

PARENTAL AUTHORIZATION AND RELEASE FORM FOR THE ADMINISTRATION
OF MEDICATION TO STUDENTS

_____/_____/_____
Parent's Signature Date

Parent's Address Home Phone

Additional Information Business Phone

Authorization Form

PARENTAL AUTHORIZATION AND RELEASE FORM FOR INDEPENDENT SELF CARRY AND
ADMINISTRATION OF PRESCRIBED MEDICATION OF INDEPENDENT DELIVERY OF HEALTH
SERVICES BY THE STUDENT

_____/_____/_____
Student's Name (Last), (First), (Middle) Birthday School Date

I request the above-named student (Parent/Guardian initial all that apply)

_____ Carry and complete co-administration of prescribed medication, when competency has been demonstrated to licensed health personnel working under the auspices of the school. In accordance with applicable laws, students with asthma, airway constricting diseases, respiratory distress or students at risk of anaphylaxis who use epinephrine auto-injectors may self-administer their medication upon the written approval of the student's parents and prescribing licensed health care professional regardless of competency. The information provided by the parent for medication administration is confidential as provided by the Family Education Rights and Privacy Act (FERPA) and any other applicable laws. I agree to provide safe delivery of the medication to and from school and to pick up remaining medication at the end of the school year or when medication id expired. If the students abuses the self-administration policy, the ability to self-administer may be withdrawn by the school or discipline may be imposed, after notification is provided to the student's parent.

Prescribed Medication	Dosage	Route	Time at School
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_____ Co-administer, participate in planning, management and implementation of special health services at school and school activities after demonstration of proficiency to licensed health personnel working under the auspices of the school. The information provided by the parent for health service delivery is confidential as provide by the Family Education Rights and Privacy Act (FERPA) and any other applicable laws. I agree to coordinate and work with school personnel and the prescriber (if indicated) when questions arise. I agree to provide safe delivery of the student's equipment necessary for health service delivery to and from school and to pick up remaining equipment at the end of the school year.

Special Health Services Delivery:

Procedures for abandoned medication disposal shall be in accordance with applicable laws.

Prescriber's Signature _____
and credentials (when indicated for health service delivery) Date

Parent/Guardian Signature Date

Parent/Guardian address

Home phone

PARENTAL AUTHORIZATION AND RELEASE FORM FOR THE ADMINISTRATION
OF VOLUNTARY SCHOOL STOCK OF OVER-THE-COUNTER MEDICATION TO
STUDENTS

_____ /____/____ _____ /____/____
Student's Name (Last), (First), (Middle) Birthday School Date

The district supplies the following nonprescription, over-the-counter medications that are listed below. Generic brands may be substituted, *(select all that apply):*

- *Acetaminophen administered per manufacturer label*
- *Throat Lozenges administered per manufacturer label*
- *Other: _____ administered per manufacturer label (Please Specify)*
- *Other: _____ administered per manufacturer label (Please Specify)*
- *Other: _____ administered per manufacturer label (Please Specify)*
- *Other: _____ administered per manufacturer label (Please Specify)*

Voluntary school stock of nonprescription, over-the-counter medications are administered following these guidelines:

- Parent has provided a signed, dated annual authorization to administer of the nonprescription, over-the-counter medication(s) listed according to the manufacturer instructions. Electronic signature meets the requirement of written signature.
- The nonprescription, over-the-counter medication is in the original, labeled container and dispensed per the manufacturing label.
- All other nonprescription, over-the-counter medication not listed will require a written parent authorization and supply for the over-the counter medication.
- Supplements are not nonprescription, over-the-counter medications approved by the Federal Drug Administration and are **NOT** applicable.
- Nonprescription, over-the-counter medications approved by the Federal Drug Administration that require emergency medical service (EMS) notification after administration are **NOT** applicable.
- Persons administering nonprescription, over-the-counter medication include licensed health personnel working under the auspices of the school and individuals, whom licensed health personnel have delegated the administration of medication with valid certification who have successfully completed a medication administration course approved by the department and annual medication administration procedural skills check.
 - Districts stocking the administration of a voluntary stock of nonprescription, over-the-counter medications, collaborate with licensed health personnel to develop and adopt a protocol shared with the parent to define at a minimum:
 - when to contact the parent when a nonprescription medication, over the counter medication is administered;

- documentation of the administration of the nonprescription, over-the-counter medication and parent contact;
- a limit to the administration of a school's stock nonprescription, over-the-counter medications that would require a prescriber signature for further administration of a school's nonprescription, over-the-counter medications for the remaining school year;
- the development of an individual health plan for ongoing medication administration or health service delivery at school.

I request that the above-named student receive the voluntary stock nonprescription, over-the-counter medications supplied by the school in accordance with the district guidelines and protocol.

Parent Signature

Date

Parent/Guardian Address

Home Phone