

Hancock Public School, ISD #768

Medication Administration Form

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Clinic:

Clinic Address: \_\_\_\_\_ Clinic Telephone Number: \_\_\_\_\_

**Medication:**

Dosage/Route: \_\_\_\_\_

Time/Frequency: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_ May Self Administer: Y \_\_\_\_\_ N \_\_\_\_\_

Check one: Prescription or Over-The-Counter Estimated Termination Date: \_\_\_\_\_

**Physician signature required for prescription medications and over-the-counter medications that are to be given at a dose not recommended "for age" on the bottle.**

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Physician's Name:

Parental Request for Administration of Medication

**To promote safety for your child, medication information may be shared with school personnel working with your child and with 911 personnel, if they are called.**

1. I request that my child receive the above medication during school hours as specified on this form
2. I will immediately notify the school of any change in the medication.
3. I give permission for prescription medications to be given by designated personnel as delegated by the school nurse
4. I give permission for my child to self-administer over-the-counter medications with supervision
5. I give permission for the school nurse to consult with my child's physician concerning any questions that arise with regard to the listed medication, medical condition or side effects of this medication.
6. I release all school personnel and the school district from any and all liability in the event of any adverse reaction resulting from the use or administration of this medication,

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**This form expires at the end of the school year or when the medication changes.**

Legal Reference:

Minn. Stat 13.32 (Student Health Data)

Minn. Stat 121A.21 (Hiring of Health Personnel)

Minn. Stat 121A.22 (Administration of Drugs and Medicine)

Minn. Stat 121a.221 (Possession and Use of Asthma Inhalers by Asthmatic Students)

Minn. Stat 121A.2205 (Possession and Use of Nonsyringe Injectors of Epinephrine; Model Policy)

Minn. Stat 151.212 (Label of Prescription Drug Containers)

20 U.S.C.1400, et seq. (IDEA)

29 U.S.C. 794, et seq. (Section 504)

JUNE 2011

**HANCOCK PUBLIC SCHOOL**  
**Student Medication Policy**

**I. PURPOSE**

The purpose of this policy is to set forth the provisions that must be followed when administering non-emergency medication to students at school.

**II. GENERAL STATEMENT OF POLICY**

This policy is based on the belief that medication should be given outside of school hours whenever possible, however, the school district acknowledges that some students may require prescribed drugs or other medication during the school day. The school district's nurse or school personnel trained and supervised in medication administration will administer prescribed medication in accordance with Minnesota state law and school district procedures.

**III. REQUIREMENTS**

- A. The administration of medications at school requires a completed signed request from the student's parent. A Medication Authorization form must also be signed by the prescribing physician for prescription medications and over-the-counter medications that are to be given at a dose not recommended "for age" on the bottle. The Medication Authorization Form provided by the school will be the only accepted form and must be filled out by the physician and signed by the parent before the medication will be allowed to be given in school.
- B. A Medication Authorization form must be completed before the student begins medications in school and when a change in the prescription or requirements of administration occurs.
- C. Medication must come to school in the original container. Prescription medications must be labeled for the student by a pharmacist in accordance with law, and must be administered in a manner consistent with the instructions on the label. If any change occurs in the student's prescription medication administration, a new container label with new pharmacy instructions from the pharmacist shall be required immediately.
- D. The school nurse, or school personnel trained in medication administration has the authority to request to receive further information about the prescription from the physician or pharmacist if needed, prior to administration of the substance.
- E. Medications are not to be carried by the student, but will be left with the appropriate school district personnel. Exceptions to this requirement are: prescription asthma medications self-administered with an inhaler (see part H,5 below), and medications administered as noted in a written agreement between the school district and the parent or as specified in an IEP (Individualized Education Plan), Section 504 plan, or IHP (Individual Health Plan),
- F. The school nurse, or other designated person shall be responsible for filing of the Medication Authorization form in the health records section of the student file.
- G. Procedures for administration of the drugs and medicine during school hours shall be developed in consultation with a school nurse, public health, or other appropriate party (if appropriately contracted by the school district under Min, Stat, 121A.21).

H, Medications will be kept in a locked drawer or cabinet. Controlled substance medication will be kept under double lock and counted daily. Keys to the locked system will be kept in a secure place and only designated school staff will have access to the keys and medication.

Specific Exceptions (1-7)

1. Special health treatments and health functions such as catheterization, tracheostomy, suctioning, and gastrostomy feedings do not constitute administration of drugs and medicine.
2. Drugs or medicines provided or administered by a public health agency to prevent or control an illness or a disease outbreak are not governed by this' policy.
3. Drugs or medicines used at school in connection with services for which a minor may give effective consent are not governed by this policy.
4. Emergency health procedures including emergency administration of drugs and medicine are not subject to this policy.
5. Drugs or medicines that are prescription asthma or reactive airway disease medications, or medications to treat severe allergic reaction, such as epi-pens, can be self-administered by a student if:
  - a. The school district has received written authorization from the student's parent and physician permitting the student to self-administer the medication. Parent written authorization must be updated annually.
  - b. The inhaler or epi-pen is properly labeled for that student; and
  - c. The school nurse or other appropriate party has assessed the student's knowledge and skills to safely possess and use an asthma inhaler or epi-pen in a school setting and has on file a Student Agreement of Self -Administration of Medications form.
6. Medications:
  - a. Used off school grounds
  - b. Used in connection with athletics or extracurricular activities; or
  - c. Used in connection with activities occurring outside regular school hoursis not governed by this policy.
7. Oral Non-Prescription Medication use requires:
  - a. Written parental/legal guardian authorization on file at the school office;
  - b. Medication is in the original, labeled container and stored in the school office;
  - c. Medication is administered in a manner consistent with the instructions on the label. If medication is to be given other than what is recommended on the label for child's age, a physician order will be required.

A Student Agreement of Self-Administered Medications form must be implemented for any student to possess and self administer over-the-counter medications.