

Medication Order for Calhoun County Schools

Student Name: _____ Birth Date: _____

Last First MI

Address: _____ Age: _____

Phone Number: _____ School Year: _____ Grade: _____

School: _____ (Homeroom) Teacher: _____

This form must be filled out and signed by a licensed prescriber and the parent/guardian for any prescribed medication to be given in the schools setting. A separate order is required for each medication and orders are good for the current school year only. All medication changes (dosage, time, etc.) require the completion of another form. A photograph of this student may be taken to assist in the correct administration of medication. Medication may be given by unlicensed school personnel to whom the nurse has delegated medication administration and trained to administer medication. All medication must be sent to school in the original container bearing the student's name.

Name of medication: _____ Expiration date of order: _____

Reason for Medication Administration: _____

Dosage: _____ Route or method of administration: _____

Time to be administered: _____

Side effects to watch for: _____

Comments/Special Instructions: _____

Student Allergies: _____

* *If rectal diazepam, may this medication be administered by unlicensed personnel?* Yes or No (circle one)

* *May this student self-administer this medication if permitted by county policy?* Yes or No (circle one)

* *May this student carry this medication on his/her person if permitted by county policy?* Yes or No (circle one)

Prescriber's Name (please print): _____ Phone Number: _____

Prescriber's Address: _____ Fax Number: _____

Prescriber's Signature: _____ Date: _____

I understand that, whenever possible, all medication should be given at home. I give permission for _____ to take the above medication at school according to county policy. I also understand and agree that the school nurse may talk with the clinician and his or her staff, as well as school personnel, regarding the student's condition and administration of this medication and its effects. I further understand that the school, county school board and its employees and agents are exempt from any liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of asthma medication by the student and agree to indemnify and hold harmless the school, the county board of education and its employees or guardians and agents against any claims arising from the self administration of asthma medication.

Parent/Guardian signature to approve administration of medication: _____

Day time phone number: _____ Date: _____

CHAPTER: STUDENTS
POLICY: MEDICATION ADMINISTRATION

Purpose

Good health and safety are essential to student learning. The administration of medication to students during the school day should be discouraged unless absolutely necessary for the student's health. Administration of medication during the school day is essential to allow some students to attend school.

This policy establishes the standards that must be followed when any medication is required to be administered during attendance at school or school related events and to provide for emergency medication administration, when necessary. An objective of this medication administration policy is to promote individual responsibility. This can be achieved by educating students and their families. This policy shall not impact the operating procedures of School Based Health Centers.

Role of School Administrator(s).

Provide for appropriate, secure and safe storage and access of medications.
Provide a clean, safe environment for medication administration.
Provide a mechanism for safely receiving, counting and storing medications.
Provide a mechanism for receiving and storing appropriate medication authorization forms.
Select and assign qualified employees for medication administration.

Role of School Nurse and Contracted Licensed Health Care Provider.

Contact parent/guardian or licensed health care provider to clarify any questions about prescribed medication.
Manage health related problems and decisions.
Provide and/or coordinate training for all school employees designated to administer prescribed medication.
Validate and document student knowledge and skills to self-administration of prescribed medication.

Role of Designated Qualified Personnel/administrators Designee.

Successfully complete the Cardiopulmonary Resuscitation (CPR), First Aid and the medication administration portion of training, as defined in Policy 2422.7.
Store and administer medication, complete the medication document and report medication incidents.

Role of the Parent/guardian.

Administer the initial dose of any medication at home, except for emergency medications and unless otherwise directed by the licensed prescriber.
Complete and sign a parent/guardian authorization form.
Provide school with completed licensed prescriber authorization form for prescribed medication(s).
Supply medication and ensure that medication arrives safely at school in a current and properly labeled container. Parent/guardian must deliver the medication to the person authorized by the principal to receive, store and administer medication. Maintain effective communication pertaining to medication administration.
Replenish long-term and emergency prescribed medication as needed.
Retrieve unused or outdated medicine from school personnel no later than thirty days after the authorization to give the medication expires or on the last day of school.

Role of the Student.

Consume the medication in the specified manner, in as much as his/her age, development and maturity permit.
Self-administer prescribed emergency or acute medications when the prescription indicates that said student must maintain possession of the medication. The student must be able to bring the medication to school, carry the medication in a safe and responsible manner, and use the medication only as prescribed. At the discretion of the county board of education, high school students (not below grade 9) may carry and self-administer non-prescribed medication (OTC) with parent/guardian authorization, unless restricted by the principal.

Administration of Prescribed Medication.

Prescribed medications shall be administered after written authorization from a licensed prescriber and parent/guardian are received.
Prescribed medication shall be in the originally labeled container, which includes the following:
Prescribed medication(s) from a pharmacy – student(s) name, name of medication; reason(s) for the medication (if to be given only for specific symptoms); dosage, time and route; reconstitution directions, if applicable; the date the prescription and/or medication expires.
Prescribed Over-the-Counter Medication(s) – student's name (affixed to original manufacturer's bottle); name of the medication; reason(s) for the medication (if to be given only for specific symptoms); dosage, time and route; reconstitution directions, if applicable; the date the prescription and/or medication expires.
Medication administration steps must be followed exactly as outlined in Policy 2422.7. Medication administration must take place in a clean and quiet environment where privacy may be established and interruptions are minimal.
When a student's medical condition requires a change in the medication dosage or schedule, the parent/guardian must provide a new written authorization form from a licensed prescriber and container. This must be given to designated personnel within an appropriate time frame.

Medication administration incidents include, but are not limited to, any deviation from the instructions provided by the licensed health care provider. The school nurse and principal shall be contacted immediately in the event of a medication incident. Contact the physician and parent/guardian, if necessary.

The principal shall document all circumstances of a medication incident; orders received, actions taken and student's status and submit a written report to the county superintendent at the time of the incident. The report should include the name of the student, the parent/guardian name and phone number, a specific statement of the medication incident, who was notified and what remedial actions were taken.
Self-administration of asthma medication shall be permitted in accordance with WVC 18-5-22b, after the following conditions are met: written authorization is received from a licensed prescriber which contains the student name, purpose, appropriate usage, dosage, time or times at which, or the special circumstances under which the medication is to be administered; the student has demonstrated the ability and understanding to self-administer asthma medication and the level of understanding of the appropriate use of the asthma medication; the parent/guardian has acknowledged in writing that they have read and understand a notice exempting the board of education from any liability; permission to self-administer asthma medication shall be effective for the year for which it is granted and all documents shall become part of the student health record; permission to self-administer may be revoked by the principal.

Administration of Non-prescription Medication

Non-prescribed medications shall be administered only after meeting the following requirements: Parent/guardian authorization form is provided; the principal has the authority to determine if the administration of the non-prescribed medication may be safely delegated to the administrator's designee; the principal has the authority to contact the parent/guardian or a licensed health care provider to clarify any questions about the medication being administered; any non-prescribed medication(s) must be provided by the parent/guardian.
Non-prescribed medication shall be in the manufacturer's original packaging clearly marked with the following: student's name (affixed to original manufacturer's bottle); name of medication; ingredients; dosage, time and route; reconstitution directions, if applicable; medication expiration date. The parent/guardian is to be contacted immediately when a medication's appearance or dosage is questioned. The administrator's designee shall take the appropriate steps to assure the medication is safe to administer.

Medication Storage, Inventory, Access and Disposal.

Each school shall designate space in the building to store student medication, at the correct temperature, in a secure, locked, clean cabinet or refrigerator, as required. All medication shall be entered on a medication inventory and routinely monitored for expiration and disposal. Access to medications shall be under the authority of the school principal in conjunction with the school nurse. An appropriate supply of long-term and emergency prescribed medication may be maintained at the school in amounts not to exceed school dosages within each calendar month. School personnel shall dispose of unused or outdated medicine unclaimed by the parent/guardian no later than 30 days after the parent/guardian medication authorization expires or on the last day of school. Medication disposal shall be done in a manner in which no other individual has access to any unused portion. Two individuals will witness the disposal of the medication and the procedure must be documented on the appropriate form related to the specific student.

Confidentiality and Documentation.

Student information related to diagnosis, medications ordered and medications given must be maintained according to Family Educational Rights and Privacy Act (FERPA) and in such a manner that no one could view these records without proper authorization.

Documentation of medication administration shall include the following information: student name; medication(s) name; dosage, time and route of medication administration; reaction(s) or untoward effects; reason(s) the medication was not administered; date and signature of person administering medication.

REFERENCE: WVC 18-5-2; 18-5-22; 18-5-22a; SBP 2422.8

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