

**DIOCESE OF DAVENPORT
BOARD OF EDUCATION**

POLICY 520.1

STUDENT PERSONNEL

Student Medication Administration Guidelines

Qualified designated personnel may administer medication with the following conditions:

1. Prescriber's written authorization. The legal prescriber's directions on the prescription or non-prescription label specify the student, medication dosage, administration instructions, and date.
2. Parents' written authorization. A parental signed, dated, statement on file at school authorizing medication administration in accord with the prescription or non-prescription medication instructions. The authorization includes a statement on side effects experienced, possible side effects, individual instructions, permission to contact the prescriber as needed, and permission to share medication information with appropriate school personnel. Medication administration authorizations are renewed annually and updated immediately as changes occur. A school nurse and/or school employee may accept a faxed parent or health provider signature requesting medication administration or any change in medication administration as long as the nurse or employee doesn't have any question about the authenticity of the signature.
3. The parent will safely deliver the medication to and from school, and the parent will be notified when more medication is needed.
4. The labeled medicine is in the original container with the original label as dispensed or the manufacturer's label. The parent provides the labeled medication and supplies.
5. Ongoing communication among the individuals administering medication.
6. Confidentiality of medication information.
7. Maintain a record of administration.
8. Store medication in a secure area or as authorized.
9. Advise the parent or guardian at the completion of medication administration to arrange for safe delivery of all unused medication back to the home. Return all unused medication to the parent or guardian by the method he/she arranges. If medication is still at the school 14 days after the end of the school year due to the parent or guardian not making the necessary arrangements, the medication may be discarded by school staff.

Iowa law requires school districts to allow students with asthma or other airway constricting disease to carry and self-administer their medication as long as the parents and prescribing physician approve. Students do not have to prove competency to the school district. School districts that determine students are abusing their self-administration can either withdraw the self-administration or discipline the student. In order for a student to self-administer asthma or medication for an airway constricting disease:

- Parent/guardian provides signed, dated authorization for student medication self-administration.
- Physician (person licensed under chapter 148, 150, or 150A, physician, physician's assistant, advanced registered nurse practitioner, or other person licensed or register to distribute or dispense a prescription drug or device in the course of professional practice in Iowa in accordance with section 147.107, or a person licensed by another state in a health field in which, under Iowa law, licensees in this state may legally prescribe drugs) provides written authorization containing purpose of the medication, prescribed dosage, times or special circumstances under which the medication is to be administered.
- The medication is in the original container as dispensed or the manufacturer's labeled container containing the student name, name of the medication, directions for use, and date.
- Authorization is renewed annually. If any changes occur in the medication, dosage or time of administration, the parent is to immediately notify school officials and the authorization shall be reviewed as soon as practical.

The school and its employees are to incur no liability, except for gross negligence, as a result of any injury arising from self-administration of medication by the student. The parent or guardian of the student shall sign a statement acknowledging that the school and its employees are to incur no liability, except for gross negligence, as a result of self-administration of medication by the student as established by Iowa Code 280.16.

Non-prescription Medication

Non-prescription medication administered at school may include a standing authorization with specific guidelines, administration circumstances, when the medication may be given, and other specifications. The same authorization form as used for prescription medication will be used for non-prescription medication with the exception that a prescriber is not necessary.

Uncommon situations

The school has a plan for uncommon medication administration situations. These situations result in the student not receiving the specified medication and are a medication administration incident requiring an Incident Report. General actions include:

1. Observe and document the situation.
2. Initiate the school's guidelines (see 6-10 below).
3. Notify the parent as soon as possible and determine if a nurse or other health care provider needs to be contacted.
4. Notify the administrator.
5. Document the situation and file a written incident report.
6. Refusal—Notify the student's parent, document the incident, and file an incident report.
7. Vomiting—Report to the parent. Include the student's name, age, medication, dosage, time lapse since medication administration and vomiting, and if the medication was visible or intact in the vomitus. Document the incident, and file an incident report.
8. Not administered—Report to the parent. Describe the circumstances. Document the incident, and file an incident report.
9. Not swallowed—When the student has difficulty swallowing medication actions may include the following. Give one medication at a time with adequate fluids. Place the medicine on the back of the tongue. Give with food or crushed only if directed (effectiveness may be lost if crushed). Report to the parent. Describe the circumstances. Document the incident, and file an incident report.
10. Spilled or Lost—Report to the parent. Describe the circumstances. Document the incident, and file an incident report.
11. Return the medication to the parent (do not dispose of medication at school).

Field trips

A plan for administering medication while a student is on a field trip and in school activities is necessary. Ideally, a qualified designated person should accompany children with medications on field trips. However, this may not always be possible. The school nurse may decide to provide specific medication administration education to a select person who will be responsible for medication on the field trip or at the activity. The nurse or qualified designated personnel administer medication and prepare the medication. Medication is poured into a small-labeled envelope and sealed. The envelope label includes the student name, teacher and classroom, medication, dosage, time to administer, and an identified space to document medication administration. The person designated to administer the medication keeps the medication in a secure place. On returning to school following the activity, the qualified designated personnel returns the signed empty envelope and documents administration including the student, date, time, and signature.

Parent Authorization Form for the Administration of Medication (sample)

Student's Name (Last) (First) (Middle)

Birthday Date

School medications and health services are administered following these guidelines:

- Parent has provided a signed, dated authorization to administer medication and/or provide the health service.
- The medication is in the original labeled container as dispensed or the manufacturer's labeled container.
- The medication label contains the student name (if prescription medication), name of the medication, directions for use and date.
- Authorization is renewed annually and immediately when changes occur.

Medication/Health Care

Dosage

Route

Time at School

Administration Instructions: _____

Special Directives, Signs to Observe, and Side Effects: _____

Discontinue/Re-evaluate/Follow-up Date: _____

| | |
|-------------------------------|---------------------------------------|
| Prescription Medication Only | |
| _____ Prescriber | _____ Date |
| _____ Prescriber's Address | _____ Prescriber's Emergency Phone |

I request the above student receive medication and/or health service at school and school activities by qualified staff, according to the prescription or nonprescription instructions, and a written record be kept. Special considerations are noted above. The information is confidential according to the Family Education Rights and Privacy Act (FERPA) and school personnel needing to know have access to the information. I agree to coordinate and work with school personnel and prescriber when questions arise. I agree to provide safe delivery of medication and equipment to and from school and pick up remaining medication and equipment.

Parent/Guardian Signature

Date

Parent/Guardian Address

Home Phone

Additional Information

Work Phone/Other Phone

Self-Administration Authorization at _____ : Asthma or Airway Constricting Medication

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

In order for a student to self-administer asthma or medication for an airway constricting disease:

- Parent/guardian provides a signed, dated authorization for student self-administration.
- Physician (person licensed under chapter 148, 150, or 150A, physician, physician's assistant, advanced registered nurse practitioner, or other person licensed or registered to distribute or dispense a prescription drug or device in the course of professional practice in Iowa in accordance with section 147.107, or a person licensed by another state in a health field in which, under Iowa law, licenses in this state may legally prescribe drugs) provides written authorization containing purpose of the medication, prescribed dosage, times or special circumstances under which the medication is to be administered.
- The medication is in the original labeled container as dispensed or the manufacturer's labeled container containing the student name, name of the medication, directions for use, and date.
- Authorization is renewed annually. If any changes occur in the medication, dosage or time of administration, the parent is to immediately notify school officials and the authorization shall be reviewed as soon as practical.

Provided the above requirements are fulfilled, a student with asthma or other airway constricting disease may possess and use the student's medication while in school, at school-sponsored activities, under the supervision of school personnel, and before or after normal school activities, such as while in before-school or after-school care on school-operated property. If the student abuses the self-administration policy, the ability to self-administer may be withdrawn by the school or discipline may be imposed.

The school and its employees are to incur no liability, except for gross negligence, as a result of any injury arising from self-administration of medication by the student. The parent/guardian of the student shall sign a statement acknowledging that the school is to incur no liability, except for gross negligence, as a result of self-administration of medication by the student as established by Iowa Code 280.16.

Medication/Health Care Dosage Route Time at School

Purpose of Medication/Administration Instructions: _____

Special Circumstances: _____

Discontinue/Re-evaluate/Follow-up Date: _____

| | |
|----------------------------------|---------------------------------------|
| To be completed by a prescriber: | |
| _____ Prescriber | _____ Date |
| _____ Prescriber's Address | _____ Prescriber's Emergency Phone |

- I request the above student possess and self-administer asthma or other airway constricting disease medication(s) at school and in school activities according to the authorization and instructions.
- I understand the school and its employees acting reasonably and in good faith shall incur no liability for any improper use of medication or for supervising, monitoring, or interfering with a student's self-administration of medication.
- I agree to coordinate and work with school personnel and prescriber when questions arise or relevant conditions change.
- I agree to provide safe delivery of medication and equipment to and from school and to pick up remaining medication and equipment.
- I agree the information is shared with school personnel in accordance with the Family Education Rights and Privacy Act (FERPA).
- I agree to provide the school with back-up medication approved in this form.

Parent/Guardian Signature

Date

Parent/Guardian Address

Home Phone

Additional Information

Work Phone/Other Phone

Medication Incident Report (sample)

Student: _____ DOB: _____ Grade: _____

Medication(s): _____ Dosage: _____

Time medication to be administered: _____

Date of incident: _____

Reason for report: (Ex: missed medication, wrong medication, etc. Give detailed report as to how incident happened.)

Action taken/intervention: _____

Name of parent/guardian notified: _____

Time and date of notification: _____

Building nurse notified? Yes No Name of nurse notified _____

Name of building administrator or Teacher in charge notified who was notified: _____

Building administrator/Teacher in charge signature: _____

Printed name of person preparing report: _____

Signature of person preparing report: _____

Follow-up contact/care: _____