

Pennsbury School District

School Board Policy

Effective Date	Supersedes Index No.	Index No.
4/23/09	3012R1 of 8/17/92	210.1

Title: Administration of Medication

Purpose: The School Board recognizes that the administration of medications to students while in school may be necessary under certain circumstances. This policy addresses the administration of medication to a student during school hours.

This document, Index No. 210.1, replaces the previous Index No. 3102R1.

Definitions: For purposes of this policy, “medication” shall include all medicines prescribed by a physician. “Long-term medication” shall include all medicines that must be administered for a period of six months or more. A “medical consultant” is a licensed medical doctor who is contracted with the School District to provide medical advice and service.

Attachment: Official School District Medication Permission Form

Policy: Administration of Prescribed Medication

Administration of medication is permitted only at the direction of a physician under the following circumstances.

1. Failure to take such medication would jeopardize the health of the student; or
2. The student would not be able to attend school if the medication were not administered during school hours.

Before any prescribed medication may be administered to any student by an employee of the School District, or self-administered by a student during school hours or school sponsored activities, a written request from a parent or a legal guardian on an Official School District Medication

Permission Form is required. This permission form must include the following:

1. The name of the student
2. The name of the medication
3. The diagnosis or condition for which the medication is being prescribed
4. The name of the prescribing physician
5. The dosage
6. The time the medication is to be given
7. The expected duration of the medical regime
8. Any possible side effects
9. Any special circumstances under which the medication shall be administered

Handwritten notes from a parent or guardian giving permission to take a prescription medication will be accepted for the first day of administration only, providing that the prescribing physician can orally verify the prescription order.

Administration of Over-the-Counter Medication

The School District's medical consultant shall determine which over-the-counter medications may be administered and impose any restrictions as appropriate. This list of Standing Orders for Medications shall be renewed annually by the medical consultant, must be accompanied by a written request from a physician for the student to take the medication during the school day. This request is in addition to the parent's written permission. The school nurse is authorized to decline to administer a medication if the situation warrants.

Emergency Medications

Under certain emergency medical situations, such as anaphylactic shock, certain medications, such as epinephrine (adrenaline), will be administered. The School District's medical consultant prescribes the procedure for the administration of these medications.

Requests for Long-Term Administration

Requests for long-term administration of medications must be renewed at the beginning of each succeeding school year. Any change in dosage or frequency of a long-term medication must be documented in writing by the prescribing physician and will constitute a new order.

Records of Requests

The parent consent forms and physician's written orders must be kept on file in the office of the school nurse. These records must be maintained for a period of six years and then destroyed.

Employees Approved to Administer Medication

All medications must be administered in the building health suite by one of the following:

1. The school nurse; or
2. The principal, or his/her designee in school nurses' absence; or
3. The parent; or
4. The student, when the physician so directs by written order. This self-administration of medication must be done under the observation of a staff member.

It shall be deemed that whenever a School District employee administers medication to a student in accordance with this policy, he/she shall be acting within the scope of his/her duties.

When medications must be administered to a student outside the Health Suite, e.g., field trips or other similar extracurricular activities, the principal must designate who shall administer medication to a student. If a designee is not available to administer the medication, there will be no administration of the medication and the parents must be notified at least 24 hours beforehand.

Precautions

Before any medication is administered to a student, the following precautionary measures are required:

1. Verification of the physician's order for the medication by:
 - a. A written order from the physician

- b. A pharmacy label stating the name of the patient, the medication, dosage, times of administration, and the prescribing physician.
2. Verification of parent or guardian permission on the medication permission form or the student emergency card.
3. Proper identification of medication. All medications must be provided in the original container.
4. Proper identification of the student for which the medication was ordered. "Proper identification" means that the person administering the medication must ask, "What is your name?" The student must respond with his first and last name. Further identification must also be made by asking the student his/her teacher's name and grade or homeroom section.
5. Proper verification that the medication was given on the student's medication card. This card must be started for each new medication and must contain the following:
 - a. The student's name
 - b. The name of the medication
 - c. The name of the prescribing physician
 - d. The time and dosage of the medication
 - e. The name of the pharmacy
 - f. The prescription number
6. A medication must only be administered by the person who has prepared the dosage for administration.
7. All new medications or change of a dosage or time of administration of a medication must be cleared with the school nurse before it is given.
8. Any drugs which are controlled by the Federal Narcotics Act must be brought to the school by the parent or guardian and not sent to school with the student; otherwise, there will be no administration of the medication.

Labeling Medications

All prescription medications shall be provided in the original pharmaceutical container and must contain the label prepared by the pharmacy. All over-the-counter medication must be provided in the original container and accompanied by a physician's order for the medication.

Recording Student Medications

The school nurse shall maintain a record of name of the student to whom the medication is to be administered, the name of the pharmacy and prescription number on the student's medication card or computer log. When the medication is completed, this card will be filed in the student's record and then destroyed after a period of six years. Long-term medications and/or any unexpected side effects of a medication must be documented on the student's permanent health record.

Storage of Medication

Medications must be stored in the original container in a locked cabinet in the Health Suite or in the refrigerator, when required on the pharmaceutical label.

Establishing Procedures

The Chief Executive Officer or Superintendent, in consultation with the Coordinator of School Nurses, shall develop procedures for the implementation of this policy to include forms consistent with this policy. These procedures must be submitted to the district medical consultant for approval prior to becoming effective.

**Responsible
Administrator:** Director of Administrative Services



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Dear Parent/Guardian:

School Board approved procedures for the administration of medication to students during the school day are as follows:

1. Medication will be administered to students **ONLY** when:
 - a. failure to take the medication will jeopardize the health of the student, or
 - b. the student would not be able to attend school if the medication is not administered during school hours
2. No medication will be administered without a written request from the parent/guardian using the tear off form on the reverse side.
3. Prescription medication **MUST** be sent in the original pharmaceutical container. Samples of prescription medication **MUST** be accompanied by a physician's order (note) to take the medication during school hours.
4. Over-the-counter medications, which are not listed on the student emergency card, will **NOT** be administered unless they are in their original container and accompanied by a physician's order to take the medication during school hours.
5. If you would like your son/daughter at the 6th-12th grade levels to self-administer a medication during the school day (e.g. an inhaler), written permission from the child's physician is necessary. Elementary grade levels also require a doctor's order for self-administration, which will be at the discretion of the school nurse after the child has demonstrated the ability to use the inhaler properly.
6. All drugs that are controlled by the Federal Narcotics Act **MUST** be brought to school by the parent/guardian and not sent to school with the student, or they will not be administered.

Thank you for your cooperation and adherence to the above procedures.

Please see reverse side...

Please cut along this line

To: The Pennsbury School District

I hereby request that Pennsbury School District personnel administer the medication indicated below to my son/daughter

Student's Name _____ Grade _____

OR

I hereby request that my son/daughter

Student's Name _____ Grade _____

Be permitted to self-administer the medication indicated below during school hours.

I hereby release Pennsbury School District and its employees from any liability or responsibility for any injury or damages that may result from the administration of medication in accordance with this request, under the conditions indicated below:

Name of Medication: _____

Name of Prescribing Physician: _____

Purpose of Medication: _____

Dosage: _____

Special Instructions: _____

Possible Side Effects: _____

Date: _____ Signature of Parent Guardian _____

**NOTE: THE SCHOOL NURSE IS AUTHORIZED TO DECLINE TO ADMINISTER A MEDICATION
IF THE SITUATION WARRANTS.**