

TWIN CITIES INTERNATIONAL ELEMENTARY SCHOOL

STUDENT MEDICATION (516)

I. PURPOSE

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

II. GENERAL STATEMENT OF POLICY

The school district acknowledges that some students may require prescribed drugs or medication during the school day. The school district's trained health clerk will administer prescribed medications in accordance with law and school district procedures.

III. REQUIREMENTS

- A. The administration of prescription, non-prescription, and over the counter medication or drugs at school requires an oral or written request. An oral request must be documented by the office staff.
- B. An "Administering Prescription Medications" form must be completed annually (once per school year) and/or when a change in the prescription or requirements for administration occurs.
- C. Prescription medication must come to school in the original container 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.
- D. The office manager or administration may request to receive further information about the prescription, if needed, prior to administration of the substance.
- E. Prescription 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 J.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 program), Section 504 plan, or IHP (individual health plan).
- F. The parent/guardian must notify the school immediately in writing of any change or discontinuation in the student's prescription medication administration. A new medical authorization or container label with new pharmacy instructions shall be required immediately as well.
- G. For drugs or medicine used by children with a disability, administration may be as provided in the IEP, Section 504 plan or IHP.
- H. The school health clerk, or other designated person, shall be responsible for the

filing of the Administering Prescription Medications form in the health records section of the student file. The school nurse, or other designated person, shall be responsible for providing a copy of such form to the administration and to other personnel designated to administer the medication.

I. Procedures for administration of drugs and medicine at school and school activities shall be developed in consultation with a school nurse, a licensed school nurse, or a public or private health organization or other appropriate party (if appropriately contracted by the school district under Minn. Stat. § 121A.21). The school district administration shall submit these procedures and any additional guidelines and procedures necessary to implement this policy to the school board for approval. Upon approval by the school board, such guidelines and procedures shall be an addendum to this policy.

J. Specific Exceptions:

1. Special health treatments and health functions such as catheterization, tracheostomy suctioning, and gastrostomy feedings do not constitute administration of drugs and medicine;
2. Emergency health procedures, including emergency administration of drugs and medicine are not subject to this policy;
3. Drugs or medicine provided or administered by a public health agency to prevent or control an illness or a disease outbreak are not governed by this policy;
4. Drugs or medicines used at school in connection with services for which a minor may give effective consent are not governed by this policy;
5. Drugs or medicines that are prescription asthma or reactive airway disease medications can be self-administered by a student with an asthma inhaler if:
 - a. the school district has received a written authorization from the pupil's parent and doctor permitting the student to self-administer the medication;
 - b. the inhaler is properly labeled for that student; and
 - c. the parent has not requested school personnel to administer the medication to the student.

The parent must submit written authorization for the student to self-administer the medication each school year. In a school that does not have a school nurse or school nursing services, the student's parent or guardian must submit written verification from the prescribing professional which documents that an assessment of the student's knowledge and skills to safely possess and use an asthma inhaler in a school setting has been

completed.

If the School District employs a school nurse or provides school nursing services under another arrangement, the school nurse or other appropriate party must assess the student's knowledge and skills to safely possess and use an asthma inhaler in a school setting and enter into the student's school health record a plan to implement safe possession and use of asthma inhalers;

6. Medications:
 - a. that are used off school grounds;
 - b. that are used in connection with athletics or extracurricular activities; or
 - c. that are used in connection with activities that occur before or after the regular school day are not governed by this policy.
7. Nonprescription Medication. Only prescription medications are governed by this policy.

Legal References: 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. § 151.212 (Label of Prescription Drug Containers)
20 U.S.C. 1400, *et seq.* (IDEA)
29 U.S.C. 794, *et seq.* (Section 504)

Cross References: MSBA/MASA Model Policy 418 (Drug-Free Workplace/Drug-Free School)

Adopted: 3/21/04

MSBA/MASA Model Policy 516
Orig. 1995

Revised: _____

Rev. 2003, 2008, 2009

School Medication Policy

ANY medication administered to your child during the school day will require:

- A current school year written physician order and written parent/guardian permission (“Administration of Medication in the School” form). This includes permission for both over-the-counter or non-prescription medications **and** prescription medications.
- Prescription medication must be brought to school in its original bottle or container with the student’s name, medication name and dose, and physician’s name printed on the label. The container of medication must be unopened. Upon request, the pharmacy will divide the medication in two bottles—one for home and one for school.
- Parents must notify school administration when a medication is discontinued or the dosage or time has changed. A new physician’s order/guardian signature and permission will be required at that time.
- Over-the-counter medication must come to school in its original container, unopened.

- Medication will be kept in a locked cabinet in the administrative office and will be administered by designated school staff.

ANY medication your child carries and self-administers (including, but not limited to inhalers for asthma, epi-pens, Tylenol, Advil, cough drops) will require:

- A written physician order/signature **and** parent or guardian permission/signature (“Self-Administration of Medication” form).

Twin Cities International Elementary School
 277 12th Avenue North
 Minneapolis, MN 55401-1026
 612.821.6470

School Year
 612.821.6477 (fax)

Student Name: _____ Birth date: _____

Administration of Medication

*Please complete the information below for Physician Order/Authoriation and Parent/Guardian Request for Administration of Medication by School Personnel. This for **MUST** be completed for both prescription and over-the-counter medications.*

Medication: _____ Dose: _____

Time of Administrations: _____ Frequency: _____

Missed morning dose of this medication, may be given at school with:
 Parent/Guardian permission _____ (initial) or student request _____ (initial)

For treatment of: _____ Possible side effects: _____

Last date to be given: _____

Medication allergies: _____

Student is authorized to self-carry and self-administer the above medication: YES / NO
(If yes, complete “Self-Administration of Medication” form)

Print Physician Name: _____ Phone: _____

Physician Signature: _____ **Date:** _____

I, the parent/guardian, request this medication be given as prescribed. I release school personnel from any liability in the administration of this medication at school. I understand that I am responsible for communications with the health care providers ordering this medication. **I understand that this medication will not be administered by the school nurse.**

Parent/Guardian Signature: _____ **Date:** _____

Print Parent Name: _____

Home Phone: _____ Work Phone: _____

To promote safety for your child, medication information may be shared with school personnel working with your child and with 911 personnel, if they need to be contacted.