

Medication: Administering to Students

It is the policy of the Ardmore Board of Education that if a student is required to take medication during school hours and the parent or guardian cannot be at school to administer the medication or if circumstances exist that indicate it is in the best interest of the student that a non-prescribed medication be dispensed to that student, the principal, or the principal's designee, may administer the medication only as follows:

1. Prescription medication must be in a container that indicates the following:
 - a) student's name,
 - b) name and strength of medication,
 - c) dosage and directions for administration,
 - d) name of physician or dentist,
 - e) date and name of pharmacy, and
 - f) whether the child has asthma or other disability which may require immediate dispensation of medication.

The medication must be delivered to the principal's office in person by the parent or guardian of the student unless the medication must be retained by the student for immediate self-administration. The medication will be accompanied by written authorization for the parent, guardian, or person having legal custody that indicates the following:

- a) purpose of the medication,
 - b) time to be administered,
 - c) whether the medication must be retained by student for self-administration,
 - d) termination date for administering the medication, and
 - e) other appropriate information requested by the principal or the principal's designee.
2. Self-administration of inhaled asthma medication by a student for treatment of asthma or an anaphylaxis medication used to treat anaphylaxis is permitted with written parental information. The parent or guardian of the student must also provide a written statement from the physician treating the student that the student has asthma or anaphylaxis and is capable of, and has been instructed in the proper method of, self-administration of medication.

Additionally:

- a. The parent or guardian must provide the school with an emergency supply of the student's medication to be administered as authorized by state law.
- b. The school district will inform the parent or guardian of the student, in writing, and the parent or guardian shall sign a statement acknowledging, that the school district and its employees and agents shall incur no liability as a result of any injury arising from the self-administration of medication by the student.
- c. Permission for the self-administration of asthma or anaphylaxis medication is effective for the school year for which it is granted and shall be renewed each subsequent school year upon fulfillment of the above requirements.
- d. A student who is permitted to self-administer asthma or anaphylaxis medication shall be permitted to possess and use a prescribed inhaler or anaphylaxis medication at all times.
- e. Definitions:

- 1) **Medication** means a metered dose inhaler or a dry powder inhaler to alleviate asthmatic symptoms, prescribed by a physician and having an individual label, or an anaphylaxis medication used to treat anaphylaxis, including but not limited to Epinephrine injectors, prescribed by a physician and having an individual label.
- 2) **Self-administration** means a student's use of medication pursuant to prescription or written direction from a physician.
3. Non-prescription medication may only be administered for a specific short-term illness and only for the duration of the illness (i.e., cough, cold, tooth ache). The medication will be administered in accordance with label directions or written instructions from the student's physician.

The medication must be delivered to the principal's office in person by the parent or guardian of the student. The medication will be accompanied by written authorization from the parent, guardian, or person having legal custody that indicates the following:

- a) purpose of the medication,
- b) time to be administered,
- c) termination date for administering the medication, and
- d) other appropriate information requested by the principal or the principal's designee.

The school will not keep a supply of non-prescription medications for the purpose of dispensing at a parents' request.

The administrator, or administrator's designee, will:

- a) Inform appropriate school personnel of the medication being administered
- b) Keep an accurate record of the administration of the medication
- c) Keep all medication in a locked cabinet except medication retained by a student per physician's orders
- d) Return unused prescription to the parent or guardian only

The parent, guardian, or person having legal custody of the student is responsible for informing the designated official of any change in the student's health or change in medication.

This policy statement will be provided to a parent or guardian upon receipt of a request for long-term administration of medication.

Reference: **10 O.S. § 170.1**
 59 O.S. § 353.1
 70 O.S. § 1-116, et seq.

Medication – Administering to Students**Authorization**

Name: _____ Grade: _____

Teacher: _____ School: _____

Time to be administered: _____ a.m. _____ p.m.

Date From: _____ To: _____

To Parent/Guardian/Individual Assuming Permanent Care & Custody:

Is the medication that you wish administered to your child prescription medicine? _____. If so, please provide the name of the medical doctor who prescribed the medication.
_____.

Is the child's disability or illness such that the medication must be self-administered by the child (asthma, anaphylaxis, etc.)? _____. If so, the student's medical doctor should include a statement to that effect in the child's prescription. The parent or guardian must provide a written statement from the physician treating the student that the student has asthma or anaphylaxis and is capable of, and has been instructed in the proper method of, self-administration of medication.

Prescription medication must be furnished by the parent or guardian with the original label prepared and attached by a pharmacist. The label must reflect the name, strength, and dosage of the medication and whether or not the medication may be self-administered by a minor. Non-prescription medication must be in the original container that must reflect the name and strength of medication.

This form must be signed by the parent/guardian of the child named herein. The signature of the prescribing physician may be required at the discretion of the medication administrator.

Signature of Parent/Guardian/Individual Assuming
Permanent Care and Custody

Date

Physician's Signature
(Required for self-administration of medication)

Date

Parental Authorization to Administer Medicine

I am the parent with legal custody, the legal guardian, or individual assuming the permanent care and custody of _____, a student attending this school.

I hereby give my consent and authorize and request the school principal, or _____ [an employee of the school district designated by the principal] to:

- ___ Administer _____, a non-prescription medication that I am hereby supplying you, in accordance with label directions or written instructions from the student's physician.
- ___ Administer _____, a filled prescription medication that I am hereby supplying you, in accordance with the directions for the administration of the medicine listed on the label.
- ___ Permit the student to retain the medication on the student's person since the medication must be administered at unpredictable intervals throughout the day. A physician's statement that the student is capable of, and has been instructed in the proper method of, self-administration of medication is attached.

- I understand that under state law, the board of education, the school district, or the employees of the district shall not be liable to the student or the student's parent or guardian for civil damages for any personal injuries to the student which result from acts or omissions of school employees in administering the medication.
- I hereby give my permission for the school nurse or school personnel to administer the above medication during the school day to my child.
- I also give my permission to contact the physician for any questions regarding the administration of this prescription medication.

Signature of Parent/Guardian/Individual Assuming Permanent Care/Custody

Date

Signature of Physician
[Required for self-administration of medication]