
Medication at School

Each school principal will authorize two staff members to administer prescribed or non-prescribed medication. These designated staff members will receive RN delegation prior to the beginning of each school year. For purposes of this procedure, “medication” means oral medication, topical medication, eye drops and nasal spray. Oral medications are administered by mouth either by swallowing or inhaling and may include administration by mask if the mask covers the mouth or mouth and nose.

Medication may be dispensed to students on a scheduled basis upon written authorization from a parent with a written request by a licensed health professional prescribing within the scope of their prescriptive authority. If the medication is to be administered more than fifteen consecutive days the written request must be accompanied by written instructions from a licensed health professional. Requests will be valid for not more than the current school year. The prescribed or non-prescribed medication must be properly labeled and be contained in the original container. The dispenser of prescribed or non-prescribed oral medication will:

- A. Collect the medication directly from the parent, (students should not transport medication to school), collect an authorization form properly signed by the parent and by the prescribing health professional and collect instructions from the prescribing health professional if oral medication is to be administered for more than fifteen consecutive days;
- B. Store the prescription or non-prescribed oral medication (not more than a twenty (20) day supply) in a locked, substantially constructed cabinet;
- C. Maintain a daily record which indicates that the prescribed or non-prescribed medication was dispensed.
- D. Provide for supervision by a physician or registered nurse.

A copy of this policy will be provided to the parent upon request for administration of medication in the schools.

Prescribed and over-the-counter oral or topical medications, eye drops or ear drops may be administered by a registered nurse, a licensed practical nurse or an authorized staff member

Nasal sprays containing legend (prescription) drugs or controlled substances may only be administered by a school nurse or, if a school nurse is not present on school premises, an authorized school employee; or a parent-designated adult with training as required by RCW 28A.210.260.

No prescribed medication will be administered by injection by staff except when a student is susceptible to a predetermined, life-endangering situation. The parent will submit a written statement which grants a staff member the authority to act according to the specific written orders and supporting directions provided by a licensed health professional prescribing within his or her prescriptive authority (e.g., medication administered to counteract a reaction to an insect sting). Such medication will be administered by staff trained by the supervising registered nurse to administer such an injection.

Written orders for emergency medication, signed and dated, from the licensed health professional prescribing within his or her prescriptive authority will:

- A. State that the student suffers from an allergy which may result in an anaphylactic reaction;

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- B. Identify the drug, the mode of administration, the dose. Epinephrine administered by inhalation, rather than injection, may be a treatment option. This decision must be made by the licensed health professional prescribing within his or her prescriptive authority;
 - C. Indicate when the injection will be administered based on anticipated symptoms or time lapse from exposure to the allergen;
 - D. Recommend follow-up after administration, which may include care of the stinger, need for a tourniquet, administration of additional medications, transport to hospital; and
 - E. Specify how to report to the licensed health professional within his or her prescriptive authority and any record keeping recommendations.

If a health professional and a student's parent request that a student be permitted to carry his/or her own medication and/or be permitted to self-administer the medication, the principal may grant permission after consulting with the school nurse. The process for requesting and providing instructions will be the same as established for oral medications. The principal and nurse will take into account the age, maturity and capability of the student; the nature of the medication; the circumstances under which the student will or may have to self-administer the medication and other issues relevant in the specific case before authorizing a student to carry and/or self-administer medication at school. Except in the case of multi-dose devices (like asthma inhalers), students will only carry one day's supply of medication at a time. Violations of any conditions placed on the student permitted to carry and/or self-administer his or her own medication may result in termination of that permission, as well as the imposition of discipline when appropriate.

Student Self-Administration of Prescription Medication

(The following procedures are specific to parent-designated adult care of students with epilepsy):

Parent-Designated Adult Care of Students with Epilepsy

Parents of students with epilepsy may designate an adult to provide care for their student consistent with the student's individual health care plan. At parent request, school district employees may volunteer to be a parent-designated adult under this policy, but they will not be required to participate. Parent-designated adults who are school employees will file a voluntary, written, current and unexpired letter of intent stating their willingness to be a parent-designated adult. Parent-designated adults who are school employees are required to receive training in caring for students with epilepsy from the school nurse. Parent-designated adults will receive additional training from a parent-selected health care professional or expert in epileptic care to provide the care (including medication administration) requested by the parent.

Parent-designated adults who are not school employees are required to show evidence of comparable training, and meet school district requirements for volunteers. Parent-designated adults will receive additional training from a parent-selected health care professional or expert in epileptic care to provide the care requested by the parent. The (insert appropriate staff member) is not responsible for the supervision of procedures authorized by the parents and carried out by the parent-designated adult.

**Sultan School District
Authorization for Administration of Medication at School**

Student's Name _____ Birthdate _____

School _____ Grade _____

This Portion to be Completed by Licensed Health Care Provider

Medication will be given to a student at school only when absolutely necessary. Whenever possible, the parent and health care provider are urged to design a schedule for giving medication outside of school hours. If this is not possible, it must be understood that the medication will be given by a building administrator, a trained school personnel or a licensed health professional employed by the district.

The school accepts no responsibility for untoward reactions when the medication is given in accordance with the directions of the student's health care provider.

Reason for Medication: _____

Name of Medication	Dosage	Method of Administration	Time During School Day To be Taken
(If given prn - specify the length of time between doses)			

Inhalers: Self administer: Yes _____ No _____ Permission to carry inhaler: Yes _____ No _____

Student is authorized to carry and self-administer medication Yes _____ No _____

Storage instructions: Room temperature _____ Refrigeration _____

Length of prescription period (not to exceed current school year): From: _____ To _____

Possible side effects of the medication: _____

Emergency procedure in case of serious side effects: _____

I certify that a valid health reason exists requiring that the medication be administered during school hours or during such time that the students is under supervision of school officials.

I request and authorize that the above-named student be administered the above-identified medication in accordance with the instructions indicated. I will be monitoring the ongoing health status of this patient.

Please Note: If samples of medication are to be given, they MUST be labeled with the name of the student, dosage, and time to be given.

Health Care Provider's Signature _____ **Date** _____
(Licensed Health Care Professional practicing within the scope of their authority)

Health Care Provider's Printed Name _____ **Telephone #** _____

This Portion to be Completed by Parent or Guardian

I certify that I am the parent, legal guardian, or other person in legal control of the above-named student. I have read this form and request and authorize the school to administer the medication prescribed. The medication is to be furnished by me in the ORIGINAL prescription, or over-the-counter, container.

I understand that my signature indicates that the school accepts no liability for untoward reaction when the medication is administered in accordance with the health care provider's directions. I understand that every effort will be made by school staff to administer the medication in a timely manner. If there is any medication left over at the end of the school year, it will be destroyed if I do not pick it up by the last school day. You have my permission to communicate freely with this health care provider.

Self administer: Yes _____ No _____ Permission to carry inhaler: Yes _____ No _____

Student is authorized to carry and self-administer medication Yes _____ No _____

Please administer medication on early release days: Yes _____ No _____ Time: _____

Parent/Guardian Signature _____ Date _____

Please return completed form along with medication in the original container to your school nurse.