DESCRIPTOR TERM:

Students

District 370 Policy
File Code: 8.13

Medication Administration		1997	4-14-97
	Amended & Adopted	1997	12-8-97
	Amended & Adopted	2006	03-13-06
	Amended & Adopted	2008	11-10-08
	Amended		

For the protection of the students and staff members and in keeping with the rules and regulations governing the administration of medications in schools, Homedale School District will enforce its medication policy.

Students required to have prescription or over-the-counter medication at school must have:

1. **WRITTEN ORDERS FROM THEIR HEALTH CARE PROVIDER** (doctor) that include the following information:
   - Child's name
   - Medication name and strength
   - Dosage to be administered
   - Specific directions for administration
   - Authorized health care provider's signature

   (The school can no longer accept a prescription label as a doctor's statement that the child needs medication.)

2. **A MEDICATION PERMISSION FORM SIGNED BY THE PARENT OR LEGAL GUARDIAN.**

   ~~***Health care provider order***~~*Medication consent form/release of information* ***form~~s~~*** and ~~***parent permission***~~*medication self-administration* ***form~~s~~*** are available at each school office~~ and at most local doctors' offices, health clinics, and hospitals.~~

3. **MEDICATION IN ITS ORIGINAL CONTAINER THAT IS PROPERLY LABELED.** (You may request that your pharmacist prepare the prescription in two bottles.) Out-dated medications will not be given.
   - For safety reasons parents are requested to bring medications to the school office.
   - MEDICATIONS WILL NOT BE SENT HOME ON THE BUS WITH A STUDENT.
   - Unless directed by your health care provider, medications to be given three times a day can be administered at home before school, after school, and at bedtime.

SELF-ADMINISTRATION OF ASTHMA MEDICATION

Pursuant to Idaho Code covering the self-administration of Asthma medication, if a parent or legal guardian chooses to have his/her child self-medicate:

1. The parents or guardians of the pupil shall provide to the school board or designee written authorization for the self-administration of medication.
2. The parents or guardians of the pupil shall provide to the school board or designee written certification from the physician of the pupil that the pupil has asthma or another potentially life-threatening respiratory illness and is capable of, and has been instructed in, the proper method of self-administration of medication. Such physician or health care provider-supplied information shall contain:
    a. the name and purpose of the medicine;
    b. the prescribed dosage;
    c. the time(s) at which or the special circumstances under which medication should be administered;
    d. the length of time for which medication is prescribed; and
    e. the possible side-effects of the medicine.
3. Actions to take in the event of an emergency, including if the medication does not improve the child's breathing.
    a. Contact information for the physician and parent/guardian
    b. List of the child's asthma triggers

The board or board designee will inform the parents or guardians of the pupil in writing that the district and its employees or agents shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil, absent any negligence by the district, its employees or its agents, or as a result of providing all relevant information provided pursuant to subdivisions of this subsection with the school nurse, absent any negligence by the district, its employees or its agents, or in the absence of such nurse, to the school administrator.

The parents or guardians of the pupil shall sign a statement acknowledging that the district shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil and that the parents or guardians shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the self-administration of medication by the pupil.

As used in this section:

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; and
2. "Self-administration" means a student's use of medication pursuant to prescription or written direction from a physician.
3. A student who is permitted to self-administer asthma medication pursuant to this section shall be permitted to possess and use a prescribed inhaler at all times.

Any school employee authorized in writing by the school administrator or principal may assist with self-administration of medications provided that only the following acts are used:

1. verbal suggestions, prompting, reminding, gesturing, or providing a written guide for self-administering medications;
2. handing a pre-filled, labeled medication holder, labeled unit dose container, syringe, or original marked, labeled container from the pharmacy to the student;
3. opening the lid of the above container for the student;
4. guiding the hand of the student to self-administer the medication;
5. holding and assisting the student in drinking fluid to assist in the swallowing of oral medications;
6. assisting with removal of a medication from a container for students with a physical disability which prevents independence in the act.

AUTHORIZATION TO ADMINISTER MEDICATION

This form must be completed in it's entirety prior to the administration of any medication at school.

ORDERS FROM HEALTH CARE PROVIDER AUTHORIZED TO PRESCRIBE MEDICATION

The following medication will be required to be given during the school day
8:00 a.m. to 2:00 p.m.

Student's name _____

Medication _____

Strength _____

Dose to be administered _____

Time(s) to be given _____

Specific directions / side effects: _____

_____

_____ _____ ____/____/____
Signature of Authorized Prescriber Date

PARENTAL PERMISSION / INDEMNIFICATION/HOLD HARMLESS AGREEMENT / RELEASE OF INFORMATION

I request that the above prescribed medication, _____ be given to
(name of medication)
my child, _____. I understand that any change in this prescription
(child's name)
will necessitate a new medication permission form to be completed, signed and filed with the school prior to administration.

In accordance with the FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974, I hereby give permission for Homedale School District #370 to release, to obtain from, or exchange with any appropriate person or agency, any confidential, educational, psychological and/or medical records for my child thus permitting school personnel to communicate with my child's health care provider.

I agree to indemnify, defend, and hold the school district harmless for any and all claims, actions, costs, expenses, damages and liabilities, including attorney's fees, arising out of, connected with or resulting from the administration or self-administration of medication by Homedale School

District personnel and by the pupil. The parent(s)/guardian(s) agree(s) that the Homedale School District, Homedale School District Board of Trustees, Homedale School District Board of Trustees employees and its agents shall incur no liability as a result of any injury arising out of or connected with the administration of self-administration of medication by district personnel or by the pupil. Specifically, the parent(s)/guardian(s) agree that they will not institute either on their own behalf or on behalf of the pupil, any claim or action against the Homedale School District Board of Trustees, or employees of the Homedale School District and its agents arising out of or connected with the administration or self-administration of medication by district personnel or the pupil.

This agreement shall take effect on the date listed below and shall stay in effect for as long as the administration of medication by district staff and/or self-administration of medication by the pupil is authorized. This agreement must be signed and in full effect prior to the granting of permission to the administering or self-administering of medication.

Parent/Guardian's Name *(Please Print)* Parent/Guardian's Signature

Principal's Signature Date of Agreement