

Royalton Public Schools Medication Authorization Form 1B

MEDICATION ADMINISTRATION

- Use the 6 rights at all times: right student, right medication, right dose, right route, right time, right record.
- After administration: record the date, time, and your signature/initials, on the student medication log each time a medication is given.
- If a medication is not given: record whether the student was absent, refused, or out of medication etc.
- Report any adverse reaction noted to the school nurse immediately and take appropriate action. Record on the log.
- Always return medication to the locked storage area immediately after administration. Exceptions to this rule include medication that students need immediate access to. Medications that need immediate access include but are not limited to asthma medications such as inhalers, insulin pens, epinephrine and Benadryl (only in cases where this is needed in an emergency).
- Injectable medications should be given only by the school nurse. However when circumstances exist when the school nurse is unavailable, properly trained staff will be delegated to perform this function. Injectable medications include but are not limited to insulin, glucagons, and epinephrine.
- A student may also administer injectable medications if the following conditions are met: doctor order, parent permission, and a meeting to assess knowledge and skill of the student by the school nurse. Injectable medications can include but are not limited to insulin, glucagons, and epinephrine.
- Unlicensed school staff may administer medication, when delegated by the school nurse. The school nurse will provide training, guidelines, direction, and supervision to school staff administering medication.
- Staff cannot give any medication without consulting with the school nurse or principal.
- Any time a student is placed on a medication that needs to be administered in school, the school nurse will meet with the appropriate personnel who may be responsible for this and provide training, guidelines, direction, and supervision to staff.

I HAVE REVIEWED THE MEDICATION POLICY, RECEIVED TRAINING IN MEDICATION ADMINISTRATION ON _____, 20____ BY _____AND FEEL CAPABLE OF FOLLOWING PROCEDURES AS OUTLINED IN THE POLICY.

Signature

Date

School Health Professional

Date