



Rock Ridge Public
Schools
1405 Progress
Parkway
Virginia, MN 55792

Adopted: November 9, 2020

Revised: January 9, 2023

Revised: _____

516 STUDENT MEDICATION **AND TELEHEALTH**

I. PURPOSE

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

II. GENERAL STATEMENT OF POLICY

The school district acknowledges that some students may require **prescribed drugs or medication or telehealth to be administered** during the school day. The school district's licensed school nurse (LSN), registered nurse (RN), licensed practical nurse (LPN) or other non-licensed district employee as delegated by either the district's LSN or RN will administer prescribed medications, except any form of medical cannabis, in accordance with law and school district procedures.

III. **DRUG AND MEDICATION** REQUIREMENTS

[NOTE: The June 2024 Model Policy 516 revisions include insertion of headings and rearrangement of paragraphs so that similar content is grouped together. School boards can choose whether to make these revisions.]

A. **Administration of Drugs and Medicine**

1. The administration of medications at school requires (1)written or oral authorization of the student's parent/legal guardian **and physician/licensed healthcare provider**. If the parent's / legal guardian's authorization is oral then the oral authorization must be reduced to writing within two school days. ~~Prescribed~~ Medication shall be administered to and taken by only the person for whom the ~~prescription has been written~~ **medication has been prescribed**, and ~~(2) the written order of a physician/licensed health care prescriber~~. The physician/licensed prescriber medication order must be received in writing within two school days provided that the school district may rely on parent written request until prescribing health care provider's medication orders are received.
2. A "General Medication Administration Form" must be completed annually (once per school year) and/or when a change in the prescription or requirements for administration occurs. Prescription medication as

used in this policy does not include any form of medical cannabis as defined in Minnesota Statutes section 152.22, subdivision 6.

3. All medication must come to school in the original container and must be consistent with the instructions on the label and prescription medication must be 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.
4. The school must be notified immediately by the parent or student 18 years old or older in writing of any change in the student's prescription medication administration. A new medical authorization or container label with new pharmacy instructions shall be required immediately as well.
5. The school nurse may request to receive further information about the medication, if needed, prior to administration of the substance.
6. 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, epi-pens used for treatment of anaphylaxis, over the counter (OTC) medications for grades 7-12 only, and other 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).
7. Self-Carrying and Self-Administration of Prescription Medication:

The district "Medication Authorization to Self-Administer" form must be completed and renewed annually by the parent/legal guardian and physician/licensed health care prescriber. Completion of this form will allow a student to responsibly carry medications for self-administration (see Minnesota Statutes Chapters 121A.22, 121A.2205, 121A.221 and 121A.222, and Wheeler, 2004). This authorization is renewed each school year.

Emergency Prescription medications such as asthma medications administered with an inhaler, epinephrine auto-injectors as prescribed for severe allergy treatment and other prescription medications 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) require both (1) prescribing health care provider and (2) guardian written consent to self-carry medication.

8. Self-Carrying and Self-Administration of Non-Prescription Medication:

(No request for self-carrying or self-administration will be honored if dosage exceeds the recommendations on the manufacturer's label.)

According to MS Chapter 121A.222, a secondary student (grade 7-12) may possess and use non-prescription pain relief in a manner consistent with the labeling if the district has parental or legal guardian authorization. However, this law does not apply to the possession or use of any drug or product containing ephedrine or pseudoephedrine as its sole active ingredient or as one of its active ingredients.

The district "Authorization to Self-Administer" form must be completed and renewed annually by both the parent/legal guardian and physician / licensed prescriber.

The school district may revoke a student's privilege to possess and use nonprescription pain relievers if the school district determines that the student is abusing the privilege. This provision does not apply to the possession or use of any drug or product containing ephedrine or pseudoephedrine as its sole active ingredient or as one of its active ingredients. Except as stated in this paragraph, only prescription medications are governed by this policy.

9. Self-Carry Self-administration Student Safety:
 - a. The LSN/RN, in consultation with the parent/legal guardian and physician/licensed health care prescriber, needs to evaluate the student's health status and abilities for safe self-administration of prescription and non-prescription medications, observe the student's self-administration at school, and communicate with the parent/legal guardian about any medication administration difficulties or successes.
 - b. In the case of a disagreement regarding a student's self-carrying and self-administration of medication, a meeting should be held among all those involved to sort out differences of opinion and develop a plan, keeping as a priority the student's educational goals and health safety.
10. For drugs or medicine used by children with a disability, administration may be as provided in the IEP, Section 504 plan or IHP.
11. The school nurse, or other designated person, shall be responsible for documentation of medication administered.
12. Procedures for administration of drugs and medicine at school and school activities shall be developed in consultation with a licensed school nurse,

RN, or a public or private health organization or other appropriate party (if appropriately contracted by the school district under Minnesota Statutes section 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. Medical Treatments and health functions fall under the same guidelines as the medication policy including but not limited to catheterization, tracheostomy suctioning, gastrostomy feedings, and diabetic cares.

13. Special health treatments and health functions such as catheterization, tracheostomy suctioning, and gastrostomy feedings require (1) parent/Guardian written consent (2) physician/licensed prescribers orders.
14. 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.
15. At the start of each school year or at the time a student enrolls in school, whichever is first, a student's parent/guardian is responsible to inform the school health services of their student's medical needs. If emergency medication is needed, it will be provided by the parent/guardian and an individual written health plan will be developed and implemented, school staff, including those responsible for student health care, and the prescribing medical professional must develop and implement an individualized written health plan for a student who is prescribed epinephrine auto-injectors that enables the student to:
 - a. possess epinephrine auto-injectors; or
 - b. if the parent and prescribing medical professional determine the student is unable to possess the epinephrine, have access to epinephrine auto-injectors, as provided by the parent/guardian, in close proximity to the student during the instructional day.

The plan must designate the school staff responsible for implementing the student's health plan, including recognizing anaphylaxis and administering epinephrine auto-injectors when required, consistent with state law. This health plan may be included in a student's § 504 plan.

16. A student may possess cough drops/lozenges and apply a topical sunscreen product during the school day while on school property or at a school-sponsored event without a prescription, physician's note, or other documentation from a licensed health care professional. School personnel are not required to provide sunscreen or assist students in applying sunscreen.
17. "Parent" for students 18 years old or older is the student.
18. The District and District staff may not purchase or have a supply of any OTC medications to administer to students.
19. Parents/guardians are responsible for provision of individual student medication.

B. Administration of Drugs and Medicine Exclusions

1. used in situations in which, in the judgment of the school personnel, including a licensed nurse, who are present or available, the risk to the pupil's life or health is of such a nature that drugs or medicine should be given without delay; and,
2. provided or administered by a public health agency to prevent or control an illness or a disease outbreak as provided under Minnesota law.

C. Procedure regarding unclaimed drugs or medications.

1. The school district has adopted the following procedure for the collection and transport of any unclaimed or abandoned prescription drugs or medications remaining in the possession of school personnel in accordance with this policy. Before the transportation of any prescription drug or medication under this policy, the school district shall make a reasonable attempt to return the unused prescription drug or medication to the student's parent or legal guardian. Transportation of unclaimed or unused prescription drugs or medications will occur at least annually, but may occur more frequently at the discretion of the school district.
2. If the unclaimed or abandoned prescription drug is not a controlled substance as defined under Minnesota Statutes, section 152.01, subdivision 4, or is an over-the-counter medication, the school district will either designate an individual who shall be responsible for transporting the drug or medication to a designated drop-off box or collection site or request that a law enforcement agency transport the drug or medication to a drop-off box or collection site on behalf of the school district.

3. If the unclaimed or abandoned prescription drug is a controlled substance as defined in Minnesota Statutes, section 152.01, subdivision 4, the school district or school personnel is prohibited from transporting the prescription drug to a drop-off box or collection site for prescription drugs identified under this paragraph. The school district must request that a law enforcement agency transport the prescription drug or medication to a collection bin that complies with Drug Enforcement Agency regulations, or if a site is not available, under the agency's procedure for transporting drugs.

IV. ACCESS TO SPACE FOR MENTAL HEALTH CARE THROUGH TELEHEALTH

A. Beginning October 1, 2024, to the extent space is available, the school district must provide an enrolled secondary school student with access during regular school hours, and to the extent staff is available, before or after the school day on days when students receive instruction at school, to space at the school site that a student may use to receive mental health care through telehealth from a student's licensed mental health provider. A secondary school must develop a plan with procedures to receive requests for access to the space.

B. The space must provide a student privacy to receive mental health care.

C. A student may use a school-issued device to receive mental health care through telehealth if such use is consistent with the district or school policy governing acceptable use of the school-issued device.

D. A school may require a student requesting access to space under this section to submit to the school a signed and dated consent from the student's parent or guardian, or from the student if the student is age 16 or older, authorizing the student's licensed mental health provider to release information from the student's health record that is requested by the school to confirm the student is currently receiving mental health care from the provider. Such a consent is valid for the school year in which it is submitted.

[NOTE: The Minnesota legislature enacted Article IV in the spring 2024.]

Legal References: Minn. Stat. § 13.32 (Educational Data)
Minn. Stat. § 121A.21 (~~Hiring of Health Personnel~~ School Health Services)
Minn. Stat. § 121A.216 (Access to Space for Mental Health Care through Telehealth)
Minn. Stat. § 121A.22 (Administration of Drugs and Medicine)
Minn. Stat. § 121A.2205 (Possession and Use of Epinephrine Auto-Injectors; Model Policy)

Minn. Stat. § 121A.2207 (Life-Threatening Allergies in Schools; Stock Supply of Epinephrine Auto-Injectors)
Minn. Stat. § 121A.221 (Possession and Use of Asthma Inhalers by Asthmatic Students)
Minn. Stat. § 121A.222 (Possession and Use of Nonprescription Pain Relievers by Secondary Students)
Minn. Stat. § 121A.223 (Possession and Use of Sunscreen)
[Minn. Stat. § 148.171 \(Definitions; Title\)](#)
Minn. Stat. § 151.212 (Label of Prescription Drug Containers)
Minn. Stat. § 152.01 (Definitions)
Minn. Stat. § 152.22 (Definitions)
Minn. Stat. § 152.23 (Limitations)
[Minn. Rule 8710.6100 \(School Nurse\)](#)
20 U.S.C. § 1400 *et seq.* (Individuals with Disabilities Education Act)
29 U.S.C. § 794 *et seq.* (Rehabilitation Act of 1973, § 504)

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