

## Students

### Student Medication

#### I. Purpose

This policy sets forth the provisions that will be followed when administering prescription and nonprescription medication to students.

#### II. General Statement of Policy

The school district acknowledges that some students may require prescription and nonprescription medication during the school day. In such cases, medication may be administered only by the licensed school nurse/registered nurse, trained health services employee, or other employee to whom the licensed school nurse/registered nurse designates this responsibility. The licensed school nurse/registered nurse is responsible for educating the designee about the reason the medication is needed, the usual dose of the medication, and the possible side effects of the medication(s). The district strongly discourages students from possessing and self-administering nonprescription medication without written authorization from the student's parent or guardian, filed in the health office.

#### III. Administration Procedures and Exclusions

A. Medications administered at school must be FDA-approved and listed in the *Physicians' Desk Reference* ("PDR"). Rare exceptions will be considered individually by the district medical advisor and the health services coordinator.

1. Drugs and medications ("medications") used by students not governed by this policy include the following:
  - a. Medications used off school district property, unless as part of district-sponsored field trip;
  - b. Medications used in connection with athletics or extracurricular activities; and
  - c. Medications used in connection with activities that occur before or after the regular school day.
2. Prescription medication as used in this policy does not include any form of medical cannabis as defined by and in accordance with state law.
3. If the administration of medication(s) requires the district to store the

medication, the parent/guardian must inform the district if the medication is a controlled substance.

- a. If the medication is a controlled substance, the parent/guardian must retrieve the medicine upon district request.
- b. If the medication is not a controlled substance, the parent/guardian must designate the district as an authorized entity to transport the medication for destruction purposes.

## B. Request Procedure

The administration of prescription and nonprescription medication requires a completed signed Medication Administration Authorization form from the student's parent/guardian and a physician before the medication will be administered. An oral request must be reduced to writing within two school days, provided that the district may rely on an oral request until the Medication Administration Authorization form is received. When medication administration is necessary, the Medication Authorization Form must be completed not less than once per school year and when a change in the prescription or requirements for administration occurs.

The licensed school nurse/registered nurse or designee may request to receive further information about the prescription from the prescriber, if needed, prior to administration of the medication.

## C. Storage

Prescription medication must come to school in the original container labeled for the student by a pharmacist in accordance with law, and will be administered in a manner consistent with the instructions on the label.

Medication will be kept under the secured care of district employees. Exceptions to this requirement are refrigerated medication, prescription asthma medications self-administered with an inhaler, and medications administered as noted in a written agreement between the district and the parent/guardian or as specified in an Individualized Education Plan ("IEP"), Section 504 Plan, or Individual Health Plan ("IHP").

## D. Administration

Procedures for administration of medicine at school and school activities are developed in consultation with a licensed school nurse/registered nurse. For medicine used by students with a disability, administration may be as provided in the IEP, Section 504 Plan, or IHP.

### 1. General Exceptions

- a. Emergency health procedures, including emergency administration of

drugs and medicine, are not subject to this policy.

- b. Medicine provided or administered by a public health agency to prevent or control an illness or a disease outbreak are not governed by this policy.
- c. Specific health treatment and health functions (e.g., catheterization, tracheostomy suctioning, and gastrostomy feedings) do not constitute administration of medicine.

## 2. Self-Administered Inhalers Exception

Medicines that are prescription asthma or reactive airway disease medications can be self-administered by a student with an asthma inhaler if:

- a. The district has received a Medication Administration Authorization from the student's parent/guardian permitting the student to self-administer the medication and a written physician order for the current school year.
- b. The inhaler is properly labeled for that student.
- c. The parent/guardian has not requested a district employee to administer the medication to the student.

The parent/guardian must submit written authorization for the student to self-administer the medication each school year. The licensed school nurse or registered nurse or other appropriate party will assess the student's knowledge and skills to safely possess and use an asthma inhaler in a school setting and enter into the student's school health record a plan to implement safe possession and use of asthma inhalers.

## 3. Epinephrine Auto-Injectors Exception

At the start of each school year or at the time a student enrolls in school, whichever is first, a student's parent/guardian, district employees, including those responsible for student health care, and the prescribing medical professional will develop and implement an IHP for a student who is prescribed epinephrine autoinjectors that enables the student to:

- a. possess epinephrine autoinjectors; or
- b. if the parent/guardian and prescribing medical professional determine the student is unable to possess the epinephrine, have immediate access to epinephrine autoinjectors in close proximity to the student at all times during the instructional day. For the purposes of this exception, the instructional day is defined as the start time and ending time of the school/program as defined by the district.

The IHP will designate the district employees responsible for implementing

the student's IHP, including recognizing anaphylaxis and administering epinephrine autoinjectors when required, consistent with state law. This health plan may be included in a student's Section 504 Plan.

The district may obtain and possess epinephrine auto-injectors to be maintained and administered by district personnel, including a licensed nurse, to a student or other individual if, in good faith, it is determined that person is experiencing anaphylaxis regardless of whether the student or other individual has a prescription for an epinephrine auto-injector. The administration of an epinephrine auto-injector in accordance with state law is not the practice of medicine.

Registered nurses may administer epinephrine auto-injectors in a school setting according to a condition-specific protocol as authorized under state law. Notwithstanding any limitation in state law, licensed practical nurses may administer epinephrine auto-injectors in a school setting according to a condition-specific protocol that does not reference a specific patient and that specifies the circumstances under which the epinephrine auto-injector is to be administered, when caring for a patient whose condition falls within the protocol.

The district may enter into arrangements with manufacturers of epinephrine auto-injectors to obtain epinephrine auto-injectors at fair-market, free, or reduced prices. A third party, other than a manufacturer or supplier, may pay for the district's supply of epinephrine auto-injectors.

#### 4. Employees

- a. Trained employees may administer medication to students in special cases when the licensed school nurse, registered nurse, employees involved, and parents/guardians agree in writing to this plan and doing so is not inconsistent with any applicable medical orders or standards. In these cases, the medication will be kept locked in a cabinet and the employees will keep a record of the date, time, name, and amount of medication(s) given to students.
- b. Trained employees may administer medication to students when necessary on field trips. The licensed school nurse/registered nurse will instruct the trained employees about the proper method of administration, storage, and any side effects of the medication to be administered. The same labeling and documentation requirements listed above will apply.

#### E. Sunscreen

A student may possess and apply a topical sunscreen product during the school day while on district property or at a school-sponsored event without a prescription, physician's note, or other documentation from a licensed health care professional. District personnel are not required to provide sunscreen or

assist students in applying sunscreen.

#### F. Recordkeeping

All medication administered at school will be documented. This documentation includes the name and dose of medication, time of administration, and the name of the individual who administered the medication.

The licensed school nurse/registered nurse or other designated person is responsible for the filing of the signed Medication Authorization documents in the student's health record. The licensed school nurse/registered nurse, or designee, is responsible for providing a copy of such form to the principal and to other employees designated to administer the medication.

#### G. Discontinuing a Medication

Medication will be discontinued when a parent/guardian gives verbal permission to discontinue the medication. This request must be followed in writing by the parent/guardian.

#### H. Unclaimed Medications

1. The district will contact parents/guardians to collect unclaimed medications.
2. Transportation for destruction of unclaimed medications that are non-controlled substances will occur at least annually, but more frequently at the district's discretion. The district will transport the medication to a designated drop-off box or collection site or may request law enforcement assistance in transportation.
3. The district will not transport unclaimed medications that are controlled substances. If the controlled substance is unclaimed, the district will request that a law enforcement agency transport the controlled substance to a collection bin that complies with Drug Enforcement Agency regulations, or if a site is not available, under the law enforcement agency's procedures for transporting such controlled substance.

#### I. Medications that are Controlled Substances

Medications that are considered to be controlled substances for purposes of state and federal law are subject to the following security provisions:

1. Controlled substances will be counted when they arrive at school and before they leave school. This count will be recorded.
2. If a controlled substance is dropped on the floor, it will be disposed of in a health office hazardous waste container, witnessed and recorded by two adults.

4. Unless written parent or guardian permission is received prior to a field trip, the district is prohibited from transporting medicines that are controlled substances. The parent/guardian must retrieve unused medicines that are controlled substances at the request of the district.

Legal References:

20 U.S.C. § 1400 *et seq.* (Individuals with Disabilities Education Act)  
29 U.S.C. § 794 *et seq.* (Rehabilitation Act of 1973, § 504)  
Minn. Stat. § 13.32 (Educational Data)  
Minn. Stat. § 121A.21 (School Health Services)  
Minn. Stat. § 121A.22 (Administration of Drugs and Medicine)  
Minn. Stat. § 121A.2205 (Possession and Use Epinephrine Autoinjectors; 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. § 147.081, subd. 2 (Practicing Without License; Penalty)  
Minn. Stat. § 148.171-148.285 (Minnesota Nurse Practice Act)  
Minn. Stat. § 151.212 (Label of Prescription Drug Containers)  
Minn. Stat. § 152.22 (Definitions; Medical Cannabis)  
Minn. Stat. § 152.23 (Limitations; Medical Cannabis)  
Minn. Rules, Chapter 7045 (Hazardous Waste)

Cross Reference:

Policy 516.5 (Overdose Medication)

Policy

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INDEPENDENT SCHOOL DISTRICT NO. 273  
Edina, Minnesota

Appendix I to Policy 516 and Appendix V to Policy 538

**—Edina Public Schools— Medication Administration Authorization**

~~Do not use this form for students who require medication for asthma, severe allergies, seizures, or diabetes. Please have your medical provider complete action plans for these health conditions.~~

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

**PHYSICIAN AND PARENT/GUARDIAN SIGNATURE REQUIRED BELOW:**

Parents/guardians asking district employees to give medication to their child must provide written permission each school year that has been signed by the child's licensed health care provider and the parent/guardian. The medication must be provided in the original, labeled container.

<b>PHYSICIAN/LICENSED PRESCRIBER'S ORDER FOR ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL — To be completed by physician/licensed prescriber.</b>				
Medication	Dose in mg	Frequency	Route	Medical Condition
Physician/licensed prescriber signature (required):				Date:
Print Name of Prescriber			Clinic Name	
Phone:			Fax:	

~~All authorizations expire at the end of the school year or following the summer school session.~~

<b><u>Parent/ Guardian Authorization</u></b>
<p>I request that the above medication/s be given during school hours as ordered by my child's physician/licensed prescriber.</p> <p>I request that the medications be given on field trips as prescribed. <span style="float: right;">Yes</span></p> <p>No</p> <p>I will notify the school if medication is stopped.</p> <p>I give permission for the medication/s to be given by school personnel as delegated, trained, and supervised by the school nurse.</p> <p>Legally, I may refuse to sign the authorization to administer medication form. If I refuse to sign, the district will not be able to administer the medication.</p> <p>This consent may be revoked at any time by sending a written notice to the licensed school nurse.</p> <p>If this medication(s) is a controlled substance, I am obligated to retrieve the controlled substance when requested by the district.</p> <p>If this medication(s) is not a controlled substance, I hereby designate the district as an authorized entity to transport the medication for the purposes of destruction if any unused medication(s) remains.</p>
<p>_____ Parent/Guardian Signature</p> <p>_____ Date</p>

<b><u>Permission for Release of Information</u></b>
<p>I give permission for the school nurse to contact my child's physician/licensed prescriber with questions about the above listed medication/(s) or medical condition/(s) being treated by medication/(s).</p> <p>I give permission for the physician/licensed prescriber to release information related to the above medication/(s) and medical condition/(s) to the licensed school nurse.</p>
<p>_____ Parent/Guardian Signature</p> <p>_____ Date</p>

Appendix I to Policy 516 and Appendix V to Policy 538





Student Name \_\_\_\_\_ DOB \_\_\_\_\_

Date \_\_\_\_\_ School \_\_\_\_\_

**Edina Public Schools Medication Administration Authorization**

For students that require medications for asthma, severe allergies, seizures, or diabetes, have the licensed provider complete a signed action plan.

To be completed by a physician/licensed prescriber					
Medication	Dose in mg	Frequency/Time	Route	Medical Condition and ICD10	Check if controlled substance
Physician/licensed prescriber signature: _____				Date: _____	
Print Name of Prescriber: _____			Clinic Name: _____		
Phone: _____			Fax: _____		

**Parent/ Guardian Authorization**

1. I request that the above medication(s) be given during school hours as ordered by my child's physician/licensed prescriber.
2. I request that the medications be given on field trips as prescribed. ☐ Yes ☐ No
3. I request that the medication be given during EPS non-school hours/days programming (ie. Kids Club/Enrichment Programs) and I am responsible for training the staff. I understand the school nurse may not be available during this time. ☐ Yes ☐ No
4. I request that medication be available to EPS staff during non-school hours/days for EPS programming. ☐ Yes ☐ No
5. I will notify the school/program if medication is stopped or changed.
6. I give permission for the medication/s to be given by school personnel as delegated, trained, and supervised by the school nurse.
7. Legally I may refuse to sign the authorization to administer medication form. If I refuse to sign, EPS will not be able to administer the medication.
8. This consent may be revoked at any time by sending a written notice to the licensed school nurse or program lead.
9. This permission expires at the end of the school year/prior to the first date of the next school year. A new authorization will be required to administer the medication after the first day of the new school year.
10. All medication, both prescribed and over the counter, must be sent to school in the original container or pharmacy-labeled container.
11. I understand that I am required to retrieve the drugs, medications, or controlled substances when asked by the school. If I do not timely up the drugs or medications, I designate the school district as an authorized entity to transport the drugs or medications for the purpose of destruction.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Permission for Release of Information**

1. I give permission for the school nurse to communicate, as needed, with school staff about my child's medical condition(s) and the action of the medication/s in order to provide for my child's health and safety needs at school.
2. I give permission for a school nurse to contact my child's physician/licensed prescriber with questions about the above listed medication/s or medical condition/s being treated by medication/s.
3. I give permission for the physician/licensed prescriber to release information related to the above medication(s) and medical condition(s) to the licensed school nurse.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Whenever possible, the parent or guardian should make arrangements so that it is not necessary for school personnel to administer medication to a student while at school. When a medication is necessary during school hours, our intention is to insure the health and safety of your student. Thank you for your cooperation.

Each year, the following must be followed when sending any prescription or nonprescription medication to school:

1. **A completed parent/guardian signature and consent** authorizing school personnel to administer medication. Medications will NOT be administered or accepted until signed medical orders AND signed parental consent are provided to the health office.
2. **A written order from the physician** with instructions for all medications, prescription and over-the-counter. The order may be faxed to the school.
3. **The original pharmacy labeled container.** For prescription medications, the pharmacist can supply a labeled container, one for home and one for school. The pharmacy label must have the following:
  - Student full name,
  - Physician name,
  - Medication name and dosage,
  - Time and directions for administration,
  - Current date.
4. **New medication consent form is required when:**
  - The dosage or time of administration is changed
  - At the beginning of each school year
  - If discontinued medication is restarted. The parent/guardian must notify the school in writing when the medication is discontinued.
5. **Storage:** Medication to be administered at school will be stored in the Health Office. Exceptions are students who may carry an asthma inhaler or epinephrine, if they have a written doctor's order and written parental permission to do so and have demonstrated to the school nurse competency in administration.
6. **End of Year Medication Pickup and Disposal:** At the end of the school year, all medications must be picked up in the health office by the parent/guardian or responsible adult. Parents/guardians are encouraged to dispose of unwanted medications properly. More information can be found at [MN Pollution Control Website](#). EPS will dispose of unclaimed medications following proper guidelines.
7. **Half Tablets:** Health Services Staff is not responsible for breaking tablets in half. When there is a physician order to give one-half of a tablet, talk with your pharmacist.
8. **Field Trips / Extended Learning:** Complete the field trip section on the Authorization for Medication Administration form. Additional consent will be necessary for overnight and extended trips. Health Services staff do not routinely accompany students on field trips and a teacher may be responsible for administration of medication.
9. **Standard Medications:** Health Services Staff will only administer medication that is listed and described in the Standard Physician's Desk Reference (PDR).

[Edina Medication at School Policy](#)