



Second Reading: August 13, 2015

Revised: 3/21/96; 2/6/97; 6/8/00; 11/9/00

Adopted: 3/7/88

516 - STUDENT MEDICATIONS

I. PURPOSE

The purpose of this policy is to set forth the provisions that must be followed when administering medication to students during the school day.

II. GENERAL STATEMENT OF POLICY

The school district acknowledges that some students may require medication during the school day to function as near to their potential as possible. Medication will be administered by Licensed School Nurse (LSN), Registered Nurse (RN), health staff, or designated personnel in accordance with law and school district procedures. The school district reserves the right to refuse request for medication authorization/administration under certain circumstances.

III. AUTHORIZATION TO DISPENSE MEDICATION

- A. Medications will be defined as those prescription or nonprescription medications taken for a specific medical condition.
 - 1. Long-term medications are defined as those that are taken or stored in the health office greater than 2 weeks.
 - 2. Short-term medications are defined as those that are taken or stored in the health office for less than 2 weeks.
- B. Medications will be administered when the parent or guardian and/or the physician/licensed prescriber has signed the Medication Authorization Form.
 - 1. Long-term medication requires a written order from a physician/licensed prescriber AND a parent or guardian signature on the Medication Authorization Form.

2. Short-term medication requires a parent signature on the completed Medication Authorization Form and will be administered according to labeled instructions.
 3. All controlled medications require a written order from a physician/ licensed prescriber AND a parent or guardian signature on the Medication Authorization Form. Some examples of controlled medications are: Ritalin, Dexedrine, and Adderall.
 4. The Medication Authorization Form must be completed annually at the start of each school year and/or when a change in prescription occurs.
- C. An oral request by a parent or guardian to administer medication may be valid for two school days, provided that the school district receives a completed Medication Authorization Form for the medication by the end of the two school day timeframe.
 - D. Prescription medication must be brought to school in the pharmacist's labeled container, appropriately labeled for the student. Over the counter medications must be in their original container. The label must clearly identify the medication, the dosage, and directions for administration.
 - E. Parents or guardians must grant permission for the school to contact the physician/ licensed prescriber regarding any medication concerns.
 - F. The administration of the medication will be discontinued upon request from the parent or guardian to the school district's LSN, RN, health staff, or designated personnel.
 - G. Any changes regarding administration of medication will be implemented only upon written request from the parent or guardian, and authorization of the physician/ licensed prescriber if needed.
 - H. A parent or guardian who authorizes designated school personnel to administer approved medication releases school personnel from liability should adverse reactions result from the medication administration.
 - I. Medications are generally not to be carried by the student. If a parent or guardian requests that their child carry and/or self-administer a medication, a written agreement between the student's parent or guardian, physician/ licensed prescriber, and school nurse or designee will be completed. Medications used at school must be stored in the health office unless an authorization to self-carry is signed by the parent or guardian and approved by the school nurse. Controlled substances will not be allowed for self-administration.

IV. ADMINISTRATION OF MEDICATION

All medications will be administered in accordance with the provisions of M.S. 121A.22. School personnel designated by the school nurse to administer medication to students will:

- A. Administer prescription and non-prescription medication according to the written authorization of the parent or guardian (and physician/licensed prescriber if required), in compliance with label directions.
- B. Keep a record of administration indicating the date, time, and dosage of all medications administered.
- C. Keep medication in a locked cabinet. Medications requiring refrigeration will be kept in the refrigerator in the health office.
- D. Maintain an inventory of the current supply and notify the parent or guardian when the current inventory needs to be replenished.
- E. Dispose of unused medications or return them to the parent or guardian in accordance with district procedures.
- F. Administer medication, upon request, on field trips.
 - 1. Medications will be administered by designated school district staff as delegated by the school nurse on field trips.

V. THE SCHOOL RETAINS THE RIGHT TO:

- A. Request that a 504 Emergency Care Plan be written to provide added clarification of the procedures, roles and responsibilities related to the medications administered in response to medical emergency.
- B. Reject requests for administration of medications on a case-by-case basis.

VI. STUDENT USE OF UNAUTHORIZED MEDICATIONS

The parent or guardian and/or administration will be notified if students are observed self-administering unauthorized medication.

VII. NOT COVERED BY THIS POLICY

- A. Special health treatments, such as catheterization, tracheostomy, suctioning, and gastrostomy feeding do not constitute administration of drugs and medicine.
- B. Drugs or 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. It is the responsibility of the parent/guardian to notify the appropriate school personnel (ex: coaches, trainers, and teachers) of required medical needs for prescription and over the counter medications for the following school sponsored activities taking place outside of the school day:

1. On overnight field trips; or
2. in connection with athletics or extracurricular activities; or
3. in connection with activities that occur before or after the regular school day.

VIII. STOCK EPINEPHRINE

- A. Mahtomedi Public Schools may obtain and possess Epinephrine Auto Injectors to be maintained and administered 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 MN Statute 121A.2207, is not the practice of medicine.
- B. Mahtomedi Public Schools 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 school's supply of Epinephrine Auto Injectors in accordance with MN Statute 121A.2207.
- C. Stock Epinephrine Auto Injectors are to be utilized only in emergencies during the school's building hours.
- D. Emergency administration of school stock Epinephrine Auto Injectors does not require parent/guardian authorization prior to administration.
- E. Stock Epinephrine Auto Injectors will be clearly labeled and stored in a location that will be secure but accessible.
- F. Training for Epinephrine Auto Injectors will be held in accordance with current MN law/statutes.

- Legal References:** Minn. Stat. § 13.32 (Student Health Data)
Minn. Stat. § 121A.21 (Hiring of Health Personnel)
Minn. Stat. § 121A.22 (Administration of Drugs and Medicine)
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.2205 (Possession and Use of Nonsyringe Injectors of Epinephrine; Model Policy)
Minn. Stat. § 151.212 (Label of Prescription Drug Containers)
Minn. Stat. § 121A.2207 (Life Threatening Allergies in Schools: Stock Supply of Epinephrine Auto Injectors)
20 U.S.C. § 1400 et seq. (Individuals with Disabilities Education Improvement Act of 2004)
29 U.S.C. § 794 et seq. (Rehabilitation Act of 1973, § 504)
- Cross References:** Policy 418 (Drug-Free Workplace/Drug-Free School)



Authorization for Administration of Medication at School

Name of Student: _____ Birth Date: _____

School: _____ School Year: _____ Grade: _____

Medical Condition (ICD 10 Code)	Medication	Strength mg/ml	Dose (# of tablets)	Time(s) Frequency	Route

Other Considerations/Directions: _____

Start Date: _____ Stop Date: _____ (All authorizations expire at the end of the school year.)

Print or Type Name of Physician/Licensed Prescriber

Physician's/Licensed Prescriber's Signature

Clinic Address

Phone Number

Fax Number

Date

Parent/Guardian Authorization

1. I request that the above medication(s) be given during school hours as ordered by this student's physician/licensed prescriber. I also request the medication(s) be given on field trips, as prescribed.
2. I release school personnel from liability in the event adverse reactions result from taking the medication(s).
3. I will notify the school of any change in the medication(s) (dosage change, medication is discontinued, etc.).
4. I give permission for the Licensed School Nurse (LSN) or designee to communicate this order to Mahtomedi Independent School District 832 staff that require this information to provide my child's education.
5. I give permission for the LSN or designee to consult (in oral or written format) with the above named student's physician/licensed prescriber regarding any questions that arise with regard to the listed medication(s) or medical condition(s) being treated by the medication(s).
6. I give permission for medication(s) to be given by designated personnel, as delegated by the LSN/Registered Nurse (RN).
7. I acknowledge that any medication(s) not picked up at the end of the school year will be destroyed and that any controlled medication(s) must be dropped off and picked up by a parent/guardian.

I give permission for the health office to send remaining medication (non-controlled only) home with my son/daughter at the end of the school year or if medication is discontinued sooner. Date: _____ Initials: _____

My son/daughter may **self-administer** his/her inhaler/EpiPen, with an MD order, and if appropriate as assessed by the LSN/RN. Assessed and approved by LSN/RN. Date: _____ Initials: _____

My son/daughter may **self-carry** his/her inhaler/EpiPen, with an MD order, and if appropriate as assessed by the LSN/RN. Assessed and approved by LSN/RN. Date: _____ Initials: _____

Date

Parent/Guardian Signature

Relationship to Student

NOTE: Prescription Medication must be supplied in the original prescription bottle and cannot be expired. Over-the-Counter Medication(s) must be provided in a sealed, original labeled container and cannot be expired.

Mahtomedi Independent School District #832

MEDICATION PROCEDURE

The purpose of administering medications in school is to assist students who require medication to be given during school hours to maintain an optimal state of health and therefore, enhance their educational success.

The intent of this procedure is to assure safe administration of medication in school for those students who require them.

This procedure applies to both prescription and over-the-counter medications.

Long Term Medications - For more than two weeks

1. A written statement shall be required annually:
 - a. From the physician who will indicate the name of the student, the reason the medication needs to be given (diagnosis), the name of the medication, the strength, the dosage, the frequency and time of administration, the route, other considerations/directions/side effects, and termination date.
 - b. From the parents/guardians who request and authorize the school to give the medication(s) in the dosage, route, frequency, and time prescribed by the physician.
2. Parents/guardians are required to supply:
 - Prescription Medication in the original container or prescription bottle labeled by the pharmacy or physician. The container must be labeled with the student's name, name of the medication, dose to be administered, frequency and time to be given, the name of the prescribing physician, and the date the medication was obtained.
 - Over-the-counter Medication(s) in a sealed, original labeled, container. Medication(s) cannot be expired. Limit the number of pills/tablets to 30 or less.

Short Term Medication - For less than two weeks

1. A written statement will be required from the parent/guardian giving permission to administer the medication(s) in school. The statement must include: the name of the student, the reason the medication needs to be given, the name of the medication, the strength, the dosage, the frequency and time the medication is to be given, and the route of administration.
2. Parents/guardians are required to supply:
 - Prescription Medication in the original container or prescription bottle labeled by the pharmacy or physician. The container must be labeled with the student's name, name of the medication, dose to be administered, frequency and time to be given, the name of the prescribing physician, and the date the medication was obtained.
 - Over-the-counter Medication(s) in a sealed, original labeled, container. Medication(s) cannot be expired. Limit the number of pills/tablets to 30 or less.

NOTES:

- **All medications that are considered controlled substances must have a physician's signature.**
- All medications must be supplied to the school. The health offices do not stock medication.