

Davis School District Policy and Procedures

Subject: 5S-300 Administration of Medication to Students in Schools

Index: Student Services – *Student Health*

Revised: ~~July 18, 2023~~ July 15, 2025

1. PURPOSE AND PHILOSOPHY

The Board of Education of Davis School District (Board) recognizes that medication should be administered by the student or the student's parent. However, from time to time a student will require assistance with medication during school hours due to a medical condition or life-threatening emergency. The Board has adopted this policy to provide procedures for the administration of medication by school personnel to students under the control or supervision of the school.

2. POLICY

Authorized school employees may provide assistance with the administration of medication to students (ages 3-22) during periods when the student is under the control or supervision of the school. Authorized school personnel who act in a prudent and responsible manner in substantial compliance with the licensed health care provider's signed medication authorization form, are not liable civilly or criminally for any adverse reaction suffered by the student as a result of taking the medication or discontinuing the administration of the medication following notification of the parent.

3. PROCEDURES FOR ADMINISTRATION OF MEDICATION AT SCHOOL

- 3.1. Except for the administration of emergency medications as described in Section 5.2 of this policy, prescription and/or nonprescription medication may be administered to a student only when:
 - 3.1.1. The student's parent has provided an appropriate completed, current, signed and dated medication authorization form providing for the administration of medication to the student during regular school hours. This request must be updated, at least, on a yearly basis, or when ever a change is made in the administration of medication.
 - 3.1.2. The student's licensed health care provider signs and dates this medication authorization form describing the method, amount, and time schedule for medication administration and the side effects that may be seen in a school setting from the medication.
 - 3.1.3. The medication is delivered to the school by the student's parent, or by a responsible adult. A one week's supply or more is recommended. Expired medication cannot be administered.
 - 3.1.4. The medication is an oral medication, inhalant medication, eye or ear drop medication, gastrostomy, rectal, or topical medication. Medications requiring other routes **can only** be administered by nonmedical school personnel when properly delegated by a school nurse in accordance with the Utah Practice Act and provisions for doing so are written into the student's health plan.
- 3.2. If prescription and/or nonprescription medications are specified in a student's Individual Education Plan (IEP) or 504 Accommodation Plan, they will be administered as outlined in the student's Medicine Orders.
- 3.3. It is the responsibility of the school principal or designee to:
 - 3.3.1. Annually send an information letter to parents informing parents of the District policy regarding medication administration at school by school personnel.

- 3.3.2. Designate volunteer employees to administer medication and notify the school nurse of medication that will be administered to students.
- 3.3.3. Arrange annual training of designated volunteer employees by the school nurse.
- 3.3.4. Ensure proper maintenance of records pertaining to the student's daily administration of medication.
- 3.3.5. Provide a secure location for the safekeeping of student medications.
- 3.4. Designated volunteer employees providing assistance with the administration of medication to a student shall:
 - 3.4.1. Receive appropriate training on the administration of medication to students at least annually.
 - 3.4.2. Administer medication to students in a prudent and responsible manner in substantial compliance with the licensed health care provider's signed medication authorization form.
 - 3.4.3. Maintain the medication administration report pertaining to the student's daily administration of medication. This report will show:
 - [a] Medication(s) to be administered.
 - [b] Dosage and time of medication(s).
 - [c] Who administered the medication(s).
 - [d] Medication error/adverse reactions.
 - [e] Disposal by school of unused medication.
 - 3.4.4. Store medication(s) to be administered in a secure location that can be locked at night, except for those medications needing refrigeration. Adequate temperature of all medication must be maintained.
 - 3.4.5. Notify parent that unused or expired medication(s) should be picked up within two weeks following notice or it will be disposed of by the school. In disposing of medication, two people must be present to record the medication, amount of medication discarded, date, and how discarded.
- 3.5. It is the responsibility of the school nurse or nurse designee, at the locations to which he/she is assigned, to:
 - 3.5.1. Provide medication training to employees designated to administer medication to students. This training should include:
 - [a] How to properly administer medication(s).
 - [b] Indications for the medication(s).
 - [c] Dosage and time of medication(s).
 - [d] Adverse reactions and side effects of medication(s).
 - [e] Proper maintenance of records pertaining to daily administration of medication.
 - 3.5.2. Review all student medication authorization forms.
 - 3.5.3. Perform a medication audit at least once in each school year. A copy of the current audit form will be kept in the school medication book. The following areas will be included in the audit.
 - [a] Medication permission forms in place and signed yearly by parent and licensed health care provider.
 - [b] Medication containers are properly marked for each medication with the student name, dosage, time of day, and current yearly date.
 - [c] Medication is kept in a safe, secure location.
 - [d] Documentation of medication administration is in place.
- 3.6. Authorization for administration of medication by school personnel may be withdrawn by the school at any time after actual notification of the parent should problems or difficulties occur such as:
 - 3.6.1. The parent has been noncompliant with the medication policy; or

- 3.6.2. The student has been noncompliant with the medication policy by:
- [a] Refusing medication repeatedly; or
 - [b] Frequently not coming for medication at appointed time.

4. STUDENT SELF-ADMINISTRATION OF MEDICATION AT SCHOOL

4.1. Student Self-Administration Asthma Medication, Diabetes Medication, ~~or an Epinephrine Auto-Injector~~ Epinephrine Nasal Spray or an Injectable Epinephrine Rescue Medication

- 4.1.1. A student shall be permitted to possess and self-administer asthma medication, diabetes medication, or an epinephrine nasal spray or an injectable epinephrine auto-injector-rescue medication if:

- [a] The student's parent signs the appropriate medication authorization form authorizing the student to possess and self-administer asthma or diabetes medication, or an epinephrine nasal spray or an injectable epinephrine auto-injector-rescue medication, acknowledging that the student is responsible for, and capable of possessing and self-administering the ~~asthma or diabetes medication, or an epinephrine auto-injector~~ medication; and
- [b] The student's licensed health care provider signs the appropriate medication authorization form that states it is medically appropriate for the student to possess and self-administer asthma or diabetes medication, or an epinephrine nasal spray or injectable epinephrine rescue medication-auto-inject ~~or and the student should~~ be in possession of the ~~asthma or diabetes medication, or the epinephrine auto-injector~~ medication at all times; the name of the asthma or diabetes medication prescribed or authorized for the student's use.

- 4.1.2. Any misuse of ~~asthma or diabetes medication, or the epinephrine auto-injector~~ the medication by the student may be subject to disciplinary action under District policy *5S-100 Student Conduct and Discipline*.

4.2. Student Self-Administration of Sunscreen

- 4.2.1. A student shall be permitted, without a parent or physician's authorization, to possess and self-apply sunscreen that is regulated by the Food and Drug Administration.
- 4.2.2. If a student is unable to self-apply sunscreen, a volunteer school employee may apply the sunscreen on the student if the student's parent provides written consent for the assistance.

4.3. Student Self-Administration of Medication

- 4.3.1. This policy does not prohibit a student from carrying his/her own medication to school in instances where the student's maturity level is such that he/she could reasonably be expected to appropriately administer the medication on his/her own. In such instances, the student may carry one day's dosage of medication on their person.
- 4.3.2. Any misuse of such medication by the student may be subject to disciplinary action under District policy *5S-100 Student Conduct and Discipline*.

5. ADMINISTRATION OF EMERGENCY MEDICATION BY SCHOOL PERSONNEL

- 5.1. Emergency Medication that may be Administered **With** a Prescription and Permission.

5.1.1. Emergency administration of seizure rescue medication

- [a] A seizure rescue medication may be administered by a trained and authorized employee in accordance with Utah Code Ann. §53G-9-505.
- [b] The student receiving the seizure rescue medication must first have met the following conditions:
 - (i) a prescribing licensed health care provider has prescribed the seizure rescue medication for the student;
 - (ii) the student's parent has previously administered the student's seizure rescue medication in a nonmedically-supervised setting without a complication; and
 - (iii) the student has previously ceased having full body prolonged or convulsive seizure activity as a result of receiving the seizure rescue medication.
- [c] Before administering a seizure rescue medication to a student, the school must have received and/or completed the following, documented in the student's Medicine Order:
 - (i) a description of the specific seizure rescue medication prescribed for the student, including the indicated dose, and instructions for administration;
 - (ii) a request that the school identify and train school personnel who volunteer to be trained in the administration of the seizure rescue medication; and
 - (iii) authorization for a trained employee to administer the seizure rescue medication.
- [d] School nurses will provide initial and annual refresher training to available and interested school personnel regarding the storage and emergency use of seizure rescue medication. This training shall include:
 - (i) techniques for recognizing symptoms that warrant the administration of a seizure rescue medication;
 - (ii) standards and procedures for the storage of a seizure rescue medication; and
 - (iii) calling 911 and contacting, if possible, the student's parent.
- [e] A trained employee may administer the seizure rescue medication to a student meeting the conditions of Section 5.1.1 [c] if:
 - (i) the student is exhibiting a symptom, described in the student's Medicine Order, that warrants the administration of the seizure rescue medication; and
 - (ii) a licensed health care provider is not immediately available to administer it.

5.1.2. Emergency Administration of Glucagon

- [a] A form provided by the Utah Department of Health authorizing the administration of glucagon is required for a student with diabetes to receive glucagon in the case of an emergency. The form shall be completed and signed by the student's parent and licensed health care provider. This form shall include:
 - (i) certification that glucagon has been prescribed for the student;
 - (ii) a request that the student's school identify and train school personnel who volunteer to be trained in the administration of glucagon; and
 - (iii) authorization that glucagon can be administered in an emergency to the student.
- [b] School nurses will provide initial and annual refresher training to available and interested school personnel regarding the storage and emergency use of glucagon. This training shall include:
 - (i) techniques for recognizing the symptoms that warrant the

- (ii) administration of glucagon;
 - (ii) standards and procedures for the storage and use of glucagon; and
 - (iii) calling 911 and contacting, if possible, the student's parent.
- [c] A trained employee may administer glucagon at a school to a student with a "Glucagon Authorization" if:
 - (i) the student is exhibiting the symptoms that warrant the administration of glucagon; and
 - (ii) a licensed health care provider is not immediately available.

5.2. Emergency Medication that may be Administered **Without** Prescription or Permission

5.2.1. Emergency Administration of Injectable Epinephrine Rescue Medication

- [a] School nurses will provide initial and annual refresher training to available and interested school personnel regarding the storage and emergency use of injectable epinephrine ~~auto-injectors~~ rescue medication. This training shall include:
 - (i) techniques for identifying anaphylaxis;
 - (ii) standards and procedures for the storage and emergency use of an epinephrine auto-injector; and
 - (iii) call 911 and contact, if possible, the student's parent.
- [b] Each school will make at least one emergency epinephrine auto-injector available for use by any staff member employed at the school and qualified to administer an epinephrine auto-injector.

5.2.2. Emergency Administration of Opiate Antagonist

- [a] School nurses will provide initial and annual refresher training to available and interested school personnel regarding the storage and emergency use of opiate antagonists. This training shall include:
 - (i) techniques for identifying an opiate-related drug overdose event;
 - (ii) standards and procedures for the storage and emergency use of an opiate antagonist;
 - (iii) calling 911 and contacting, if possible, the student's parent; and
 - (iv) documenting the incident on the Utah Department of Health Student Injury Report.
- [b] Each school is encouraged to have at least one opiate antagonist available for use by any staff member employed at the school and qualified to administer an opiate antagonist.

DEFINITIONS

“Anaphylaxis” means a potentially life-threatening hypersensitivity to a substance. Symptoms of anaphylaxis may include shortness of breath, wheezing, difficulty breathing, difficulty talking or swallowing, hives, itching, swelling, shock, or asthma. Causes of anaphylaxis may include insect sting, food allergy, drug reaction, and exercise.

“Asthma medication” means prescription or nonprescription, inhaled asthma medication.

“Diabetes medication” means prescription or nonprescription medication used to treat diabetes including related medical devices, supplies, and equipment used to treat diabetes.

“Epinephrine nasal spray” means a portable, disposable drug delivery device that contains a measured single dose of epinephrine administered nasally, that is used to treat a person suffering a potentially fatal anaphylactic reaction.

“Epinephrine auto-injector” means a disposable drug delivery system with a spring-activated concealed needle that is designed for emergency administration of epinephrine to provide rapid, convenient first aid for persons suffering a potentially fatal anaphylactic reaction.

“Glucagon” is a medication and hormone. As a medication it is used as a treatment for very low blood sugar (severe hypoglycemia) which may occur in people with diabetes.

“Injectable epinephrine rescue medication” means a portable, disposable drug delivery device that contains a measured, single dose of epinephrine administered through injection, that is used to treat a person suffering a potentially fatal anaphylactic reaction.

“Medication” means a medicine or substance recognized by the FDA to have curative or remedial properties. The medication must be administered under the direction of a licensed health care provider and may be a prescribed or over the counter product intended for internal or external use.

“Opiate antagonist” mean naloxone hydrochloride or any similarly acting drug that is not a controlled substance and that is approved by the federal Food and Drug Administration for the diagnosis or treatment of an opiate-related drug overdose.

“Opiate-related drug overdose event” means an acute condition, including a decreased level of consciousness or respiratory depression resulting from the consumption or use of a controlled substance or another substance with which a controlled substance was combined, and that a person would reasonably believe to require medical assistance.”

“Parent” means a parent or [legal](#) guardian.

“Seizure rescue medication” means a medication, prescribed by a ~~prescribing~~ health care professional to be administered as described in a student’s seizure rescue medicine order, while the student experiences seizure activity. A seizure rescue medication does not include a medication administered intravenously or intramuscularly.

REFERENCES

~~Utah Code Ann. §26-41-104 – Training in use of epinephrine auto-injector-~~

[Utah Code Ann. Title 26B, Chapter 4, Part 4 – School Health](#)

~~Utah Code Ann. Title 26, Chapter 55 – Opiate Overdose Response Act~~

[Utah Code Ann. Title 26B, Chapter 4, Part 5 – Treatment Access](#)

[Utah Code Ann. Title 53G, Chapter 9, Part 5 – Administration of medication](#)

FORMS

Medication Administration Authorization forms are maintained on the Health and [Nursing Services Website](#)

RELATED POLICIES

[5S-100 Student Conduct and Discipline Policy](#)

DOCUMENT HISTORY:

Adopted: January 3, 1989

Revised: April 18, 1995

Revised: February 4, 2003 – Allows administration of nonprescription medication. Clarifies student self-administration of medication at school. Stylistic and format changes.

Revised: September 9, 2003 – In section 4.1.6 added glucagon on the recommendation of the Health Department.

Revised: August 17, 2004 – Added Student Self-Administration of Asthma Medication section to reflect legislation enacted in the 2004 Legislative Session. Asthma form also added as developed by the Utah Department of Health.

Revised: February 20, 2006 – Added Student Self-Administration of Diabetes Medication, Added Section 5 Procedures for Audit of Medication at School and corresponding forms.

Revised: May 16, 2007 – Added Student Self-Administration of Epinephrine Auto-Injector to reflect legislation enacted in the 2007 Legislative Session.

Revised: May 2, 2008 – Technical changes. Replaced medical provider with licensed health care provider. Clarified administration of medication for a student with an IEP or 504 accommodation.

Revised: September 1, 2009 – No content change, renumbered from 5S-601 to 5S-200 with reorganization of Policy Table of Contents.

Revised: June 18, 2014 – Non-substantive changes to reflect current practice and procedures.

Revised: April 18, 2017 (by consent) – Updated to comply with changes in State Law (HB288). Permits a student to carry and use sunscreen at a public school.

Revised: April 16, 2019 - Added section on emergency medications. Removed listing of all forms, replaced with link to Health and Nursing Services Website.

Revised: July 18, 2023 – amended section 3.1.4 to allow school staff to administer certain medications when properly delegated by a nurse.

Revised: August 15, 2025 ---- Updated to comply with changes in State Law (HB333). Revises the definition of a medical device used to administer epinephrine and permits a student to possess and self-administer epinephrine nasal spray.