FOREST LAKE AREA SCHOOLS
FOREST LAKE, MN 55025

May 7, 2015

AGENDA ITEM: 10.3

TOPIC: Administering Medication #528

BACKGROUND: The purpose of this policy is to set forth the provisions that must be followed when school district staff administer nonemergency and emergency prescription medication to students at school.

PROCESS: The School Board Policy Committee and the Licensed School Nurses have reviewed this policy and they are recommending that it be replaced with the MSBA model policy which has been modified to fit the needs of our school district.

RECOMMENDATION: First reading of this policy.

~~516~~528 STUDENT MEDICATION

I. PURPOSE

The purpose of this policy is to set forth the provisions that must be followed when school district staff members administer~~ing~~ nonemergency and emergency prescription medication to students at school. This policy does not address medications administered or directed to be administered by responding emergency personnel. For the purposes of this policy, "prescription medication" or "prescribed drugs or medication" refers to any medication, whether a prescription is required to purchase it or not. Medication that may be purchased without a prescription is still subject to the terms of this policy and district procedures, and may not be carried by nor dispensed to students except as expressly addressed in this policy.

II. GENERAL STATEMENT OF POLICY

The school district acknowledges that some students may require prescribed drugs or medication during the school day. The school district's licensed school nurse, ~~trained health clerk~~ health office assistant, principal, other properly-trained staff member or teacher will administer prescribed medications in accordance with law and school district procedures.

III. REQUIREMENTS

A. The administration of prescription medication or drugs at school requires a completed signed request from the student's parent. An oral request must be reduced to writing within two school days, provided that the school district may rely on an oral request until a written request is received.

B. An "~~Administrating Prescription Medications~~" "Authorization for Administration of Medication at School" form must be completed at least annually (once per school year). A new form must be completed anytime there is ~~and/or when~~ a change in the prescription or requirements for administration ~~occurs~~.

C. Prescription medication must come to school in the original container 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. Medication that may be purchased without a prescription must come to school in the original container and have the student's name marked on it by the parent.

D. The licensed school nurse or other qualified district employee designated by the licensed school nurse may request to receive further information about the prescription, if needed, prior to administration of the substance.

E. Prescription 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 (See Part J.~~5~~3

below), and 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).

F. The school must be notified immediately by the parent or student 18 years old or older (provided the student is not subject to other legal guardianship) 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.

G. For drugs or medicine used by children with a disability, administration may be as provided in the IEP, Section 504 plan or IHP.

H. The school nurse, or other designated person, shall be responsible for ~~the~~ filing ~~of~~ the ~~Administering Prescription Medications~~ "Authorization for Administration of Medication at School" form in the health records section of the student file. The school nurse, or other designated person, shall be responsible for providing a copy of such form to ~~the principal and to~~ other personnel designated to administer the medication.

I. Procedures for administration of drugs and medicine at school and school activities shall be developed in consultation with a school nurse, a licensed school nurse, or a public or private health organization or other appropriate party (if appropriately contracted by the school district under Minn. Stat. § 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.

J. Specific Exceptions:

1. Special health treatments and health functions such as catheterization, tracheostomy suctioning, and gastrostomy feedings do not constitute administration of drugs and medicine;

~~2. Emergency health procedures, including emergency administration of drugs and medicine are not subject to this policy;~~

~~3~~ 2. 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;

~~4. Drugs or medicines used at school in connection with services for which a minor may give effective consent are not governed by this policy;~~

~~5~~ 3. Drugs or medicines that are prescription asthma or reactive airway disease medications can be self-administered by a student with an asthma inhaler if:

a. the school district has received a written authorization from the pupil's parent permitting the student to self-administer the medication;

b. the inhaler is properly labeled for that student; ~~and~~

c. the parent has not requested school personnel to administer the medication to the student.~~;~~ and

d. the district is in possession of an appropriate physician's order establishing the student's use of the inhaler.

The parent must submit written authorization for the student to self-administer the medication each school year. ~~In a school that does not have a school nurse or school nursing services, the student's parent or guardian must submit written verification from the prescribing professional which documents that an assessment of the student's knowledge and skills to safely possess and use an asthma inhaler in a school setting has been completed.~~

If the school district employs a school nurse or provides school nursing services under another arrangement, the school nurse or other appropriate party must 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;

~~6~~ 4. 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.

[Note: The provisions of paragraph 6 are optional and the school board may choose to include or exclude any of the provisions specified.]

~~7~~ 5. Nonprescription Medication. A secondary student may possess and use nonprescription pain relief in a manner consistent with the labeling, if the school district has received written authorization from the student's parent or guardian permitting the student to self-administer the medication. The parent or guardian must submit written authorization for the student to

self-administer the medication each school year. 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.~~

[Note: School districts should consult with licensed medical and nursing personnel to address whether nonprescription medications will be allowed at elementary schools and whether and under what conditions school personnel will participate in storing or administering nonprescription medications.]

~~8~~ 6. At the start of each school year or at the time a student enrolls in school, whichever is first, a student's parent, 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 immediate access to epinephrine auto-injectors in close proximity to the student at all times 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.

K. "Parent" for students 18 years old or older is the student unless the student is legally determined to be a subject to legal guardianship even upon reaching age 18.

~~L. Districts and schools may obtain and possess epinephrine auto-injectors to be maintained and administered by school personnel 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 this section is not the practice of medicine.~~

~~A district or school 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 a school's supply of epinephrine auto-injectors.~~

L. The principal or school nurse shall maintain a list of pupils authorized to receive medication during school hours, including type of medication, when given and dosage. This list shall be kept current.

J. Under no circumstances are school personnel to provide aspirin or non-FDA-approved substances to students.

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 Epinephrine Auto-Injectors; Model Policy)
Minn. Stat. § 121A.2207 (Life-Threatening Allergies in Schools; Stock Supply of Epinephrine Auto-Injectors)
Minn. Stat. § 151.212 (Label of Prescription Drug Containers)
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: ~~MSBA/MASA Model Policy 418 (~~Drug-Free Workplace/Drug-Free School~~)~~ Policy 435

Forest Lake Area Schools
Authorization for Administration of Medication at School

Name of Student: _____ **Birthdate:** _____

School: _____ **School Year:** _____ **Grade:** _____

Medical Condition / ICD 10 CM	Medication	Strength mg/ml	Dose # Tablets	Time(s) Frequency	Route	Start Date	Stop Date

(All authorizations expire one year from date unless otherwise specified)

☐ Student may **self-carry / administer** his/her **inhaler/Epipen®**, with an MD order, Parent/Guardian authorization and if appropriate as determined by the School Nurse.

_____ _____

Print or Type Name of Physician / Licensed Prescriber **Signature of Physician / Licensed Prescriber**

_____ _____ _____ _____

Clinic Address Fax Number Phone 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 that the medication(s) be given on field trips, as prescribed and per district policy.
2. I release school personnel from liability in the event adverse reactions result from taking medication(s).
3. I will notify the school of any change in the medication(s), (ex: dosage change, medication is discontinued, etc.).
4. I give permission for the Licensed School Nurse (LSN) or designee to communicate with the student's teachers about the student's health condition(s) and the action of the medication(s).
5. I give permission for the medication(s) to be given by designated personnel as delegated by the LSN.
6. **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), as well as ongoing data on medication effects provided to physician/licensed prescriber and parent/guardian via monitoring form.**
   This authorization may be revoked by you at any time in writing and automatically expires one year from signature

☐ My son/daughter may **self-carry / administer** his/her **inhaler/Epipen®**, with an MD order and if appropriate as determined by the School Nurse.

_____ _____

Parent/Guardian Signature Relationship to Student

_____ _____ _____

Home Phone Day Phone Date

NOTE: Medication is to be supplied in the original/prescription bottle and transported to and from the school by a parent/guardian.

Signatures must be completed in order to administer medication. If medication policy is not followed, school health services will not be able to administer medication, which may adversely affect educational outcomes or this student's safety.

District Fax Numbers

ALC (651) 982-3172; Century (651) 982-3017; Columbus (651) 982-8957; Forest Lake (651) 982-3299; Forest View (651) 982-8260; Lino Lakes (651) 982-8891; Linwood (651) 982-1955; Montessori (651) 982-8386; Scandia (651) 982-3349; Senior High (651) 982-8594;Southwest (651) 982-8798; Wyoming (651) 982-8067; St. Peter's Elementary (651) 982-2230