

STUDENT PERSONNEL MEDICATION POLICY

I. Purpose

The purpose of this policy is to set forth the provision that must be followed when administering nonemergency prescription for safe and efficacious administration of prescription and nonprescription medication to students at school.

II. General Statement of Policy

A. It is generally recognized that some students may require medication for chronic or short-term illness or health conditions during the school day. The school district's licensed school nurse, health paraprofessional, principal, or teacher will administer the prescribed medications in accordance with law and school district procedures. The medication enables students to remain in school and participate in their education.

B. Although the school believes that medication should be given outside of school hours whenever possible, the district will provide safe administration of medication for any student if the parent/legal guardian is willing to comply with requests for authorization and provision of information.

C. Self-administration of medication may be allowed if certain conditions are met.

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, principal, or teacher will administer prescribed medications, except any form of medical cannabis, in accordance with law and school district procedures.

III. Procedural 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 "Administering Prescription Medications" 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 Minn. Stat. § 152.22, Subd. 6.

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.

- D. The 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. 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 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 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. If the administration of a drug or medication described in this section requires the school district to store the drug or medication, the parent or legal guardian must inform the school if the drug or medication is a controlled substance. For a drug or medication that is not a controlled substance, the request must include a provision designating the school district as an authorized entity to transport the drug or medication for the purpose of destruction if any unused drug or medication remains in the possession of school personnel. For a drug or medication that is a controlled substance, the request must specify that the parent or legal guardian is required to retrieve the drug or controlled substance when requested by the school.**

K. 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. 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. 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.**

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. 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.

7. **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.

8. 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.

9. A student may possess 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.

L. “Parent” for students 18 years old or older is the student.

M. 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.

N. 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 § 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 § 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.**

A. According to Minnesota Statutes, section 121A.21 the School Board and administrative staff develops medication administration procedures in consultation with:

1. A District Licensed School Nurse
2. District Health Advisory Council

B. Overview

1. This policy and subsequent procedure are to address prescription, over the counter, and complementary holistic medications. Prescription medications are those medications that are ordered by a licensed prescriber.
2. The school district bases medication policy and procedure on accepted health and education standards, statutes and regulations. The district has procedures that ensure the data privacy of student medical and medication information specific to FERPA, the Minnesota Government Data Practices Act, HIPAA, and other state and federal laws related to data privacy as necessary.
3. The district addresses the need for cultural competence as it relates to safe medication administration in the schools.
4. 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 one school day, with school nurse authorization, after which a written request is received.
5. An "Administering Prescription Medications" form must be completed annually (once per school year) and/or when a change in the prescription or requirements for administration occurs.
6. Parent/Guardian must deliver the prescription medication 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.
7. The school nurse/health paraprofessional may request to receive further information about the prescription, if needed, prior to administration of the substance.
8. 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, epi pens, insulin and medications administered as noted in a written agreement between the school district, school nurse and the parent or as specified in an IEP (individualized education program), Section 504 plan, or IHP (individual health plan).
9. 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.

10. For drugs or medicine used by children with a disability, administration may be as provided in the IEP, Section 504 plan or ERP (Emergency Response Plan).
11. The school nurse, or other designated person, shall be responsible for the completion of the Medications form in the health records section of the student file at each building. The health paraprofessional, or other designated person, shall be responsible for providing a copy of such form to the school nurse.
12. Procedures for administration of drugs and medicine at school and school activities shall be developed in consultation with a licensed school nurse. 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.

B. Overview

1. On occasion, medication given through catheterization, tracheostomy suctioning, and gastrostomy feedings do constitute administration of drugs and medicine;
2. Emergency health procedures, including emergency administration of drugs and medicine would only be administered by prescription;
3. Drugs or medicine provided or administered by a licensed school nurse or designee to prevent or control an illness or a disease outbreak are governed by this policy and only with parent/guardian permission;
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. Drugs or medicines that are prescription asthma or reactive airway disease medications can be self-administered (with a written order by a health care provider) 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 as per doctor's orders;
 - 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.

The parent must submit written authorization for the student to self-administer the medication each school year.

The school nurse 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. — Medications not governed by this policy:

- 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 that are used off of school grounds.

7. — 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 non-prescription medications are governed by this policy.

8. — 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 must develop and implement an Emergency Response Plan for a student who is prescribed nonsyringe injectors of epinephrine that enables the student to:

- a. — possess nonsyringe injectors of epinephrine; or
- b. — if the parent, school nurse or prescribing medical professional determine the student is unable to possess the epinephrine, have immediate access to nonsyringe injectors of epinephrine in close proximity to the student at all times during the instructional day.

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

Legal References and Policy Models:

Minnesota Statutes 13.32	Student Health Data
Minnesota Statutes 121A.21	Hiring of Health Personnel
Minnesota Statutes 121A.22	Administration of Drugs and Medication
Minnesota Statutes 121A.221	Possession and Use of Asthma Inhalers by Asthmatic Students
Minnesota Statutes 121A.2205	Possession and Use of Nonsyringe Injectors of Epinephrine Auto-Injectors ; Model Policy
Minnesota Statutes 151.212	Label of Prescription Drug Containers
Minnesota Statutes 121A.22	Administration of Drugs and Medicine

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Minnesota Statutes 121A.222	Possession and Use of Nonprescription Pain Relievers by Secondary Students
Minnesota Statutes 121A.2207	Life-Threatening Allergies in Schools; Stock Supply of Epinephrine Auto-Injectors
Minnesota Statutes 121A.223	Possession and Use of Sunscreen
Minnesota Statutes 152.01	Definitions
Minnesota Statutes 152.22	Medical Cannabis; Definitions
Minnesota Statutes 152.23	Medical Cannabis; Limitations
20 U.S.C. 1400, et seq.	IDEA
29 U.S.C. 794, et seq.	Section 504
MSBA/MASA Model Policy 418	Drug-Free Workplace/Drug-Free School
MDH Minnesota Guidelines for Medication Administration in Schools (May 2005)	