



Work Session OF THE BOARD OF DIRECTORS
Thursday, April 10, 2025 - 5:30 PM
Oakdale Middle School Room 230
815 S. Oakdale Ave.
Medford, OR 97501

AGENDA

| | |
|--|-----------|
| 1. Call to Order / Pledge of Allegiance / Roll Call | |
| 2. Agenda Adjustments and Approval | |
| 3. Recognitions | 2 |
| a. High School Artists Shine in Medford's Community Art Contest | |
| b. High School Alpine Ski Racing State Championships | |
| c. Oregon's 2024-25 School Communicator of the Year | |
| 4. Recess | |
| 5. Work Session Items | |
| a. Board/District Goals & Priorities - Students are Engaged / Student & Family Engagement Update | 4 |
| b. NMHS Gymnasium Update | 12 |
| c. School Board Policies - <i>first reading</i> | 13 |
| 6. Consent Agenda | |
| a. Staff Assignment Report | 53 |
| b. Minutes from previous Board meetings | 55 |
| c. Foreign Exchange Programs | 63 |
| 7. Announcements | |
| a. Professional Development Opportunity for Teachers - Ag Industry | |
| b. April 17 - Budget Committee Meeting at Oakdale Middle School - 5:30 PM | |
| c. April 24 - Board Meeting at Oakdale Middle School - 5:30 PM | |
| d. May 8 - Community Share Out at Work Session - 5:30 PM | |
| 8. Adjournment | |

The meeting location is accessible to persons with disabilities. A request for an interpreter for the hearing impaired or for other accommodations for persons with disabilities should be made at least 48 hours before the meeting to the Superintendent's office at (541) 842-3621 or superintendent.office@medford.k12.or.us.



EXECUTIVE SUMMARY

| | |
|-----------------------|--|
| Meeting Date: | April 10, 2025 |
| Agenda Item: | Recognitions |
| Item Type: | Board Recognitions |
| Administrator: | Bret Champion, Natalie Hurd |
| Objective: | Recognize High School Artists Shine in Medford's Community Art Contest Winners & Alpine Ski Racing State Championships |

Background:

There are many outstanding students and staff in the Medford School District, and the Medford School District Board of Directors takes time in each regularly scheduled Board meeting to celebrate many of them. Students may be recognized for a variety of areas, including academics, athletics, arts, career and technical education, and music, or as nominated by school district staff. Staff members may also be nominated for exemplary contributions to the district.

Tonight, we celebrate:

High School Artists Shine in Medford's Community Art Contest

North Medford High School Art Teacher - Lindsey Stout

Students:

- Kiah Otjen - "Natures Contrast"

South Medford High School Art Teacher - Elizabeth Null

Students:

- Madeline Pepper - "My interpretation of the Winter Lights Festival"
- Serafina Batista - "Growers and Crafters"

High School Alpine Ski Racing State Championships

South Medford High School - Head Coach Gary King

Students:

- Alyana Van Horn - Girls State Champion
- Josh Kalina - Boys 5th place in Giant Slalom
- Izzy (Ismylah) Buchta - 4th place Girls Team
- McKenzie Gallagher - 4th place Girls Team
- Birkley Maddox - 4th place Girls Team
- Adah McCracken - 4th place Girls Team
- Amirah Stumpff - 4th place Girls Team

Oregon's 2024-25 School Communicator of the Year

Please join us in celebrating our very own Director of Communications and Community Relations Natalie Hurd, who has been named Oregon's 2024-25 School Communicator of the Year by the Oregon School Public Relations Association!

For 11 years, Natalie's leadership, passion, and unwavering commitment to public education and MSD shine through in every message, story, and connection she builds. Her work uplifts our schools and strengthens our community, and we couldn't be more proud!



EXECUTIVE SUMMARY

| | |
|-----------------------|---|
| Meeting Date: | April 10, 2025 |
| Agenda Item: | Board/District Goals & Priorities - Students are Engaged / Student Family Engagement Update |
| Item Type: | Work Session Report |
| Administrator: | Marisa Poling, Natalie Hurd |
| Objective: | Review the Student & Family YouthTruth Engagement Data |

Background:

Student engagement is a key metric for evaluating the effectiveness of our system, and YouthTruth is a valuable tool we use to track progress in this area. By amplifying the voices of both students and families, YouthTruth provides targeted feedback that helps us identify our strengths and areas for improvement. The results inform decisions made by school leaders, staff, site councils, and parent groups as they plan and monitor progress. Below are the key areas we focus on:

Student Survey (Grades 6–12, since 2015):

- Anonymous feedback covering aspects such as engagement, academic challenge, school culture, belonging, peer collaboration, relationships, and more.

Family Survey (Grades K–12, since 2021):

- Anonymous feedback on engagement, school culture, relationships, safety, communication, and resources.

This year, we observed improvements across nearly all student and family engagement categories. While there is still work to be done, our elementary family engagement is currently above both state and national averages. We remain committed to prioritizing student and family engagement as key indicators of system-wide success. Our family engagement efforts are focused on fostering authentic relationships and experiences with K–12 families to enhance student achievement.

Additional Materials:

 [YouthTruth Data 2025 - Board Summary.pdf](#)

Recommendation: N/A

Suggested Motion: N/A



Who did we hear from? February 2025

4,398 STUDENTS
69% Response Rate

2,475 FAMILIES
25% Response Rate

5

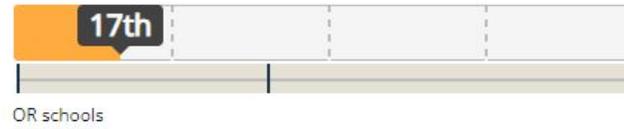
We heard from **6,873** Medford
Students and Families!

Middle Schools - Student Trend Data



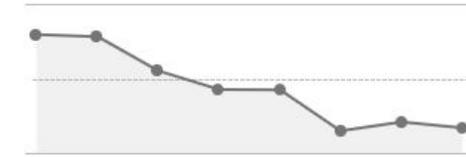
Engagement

3.17



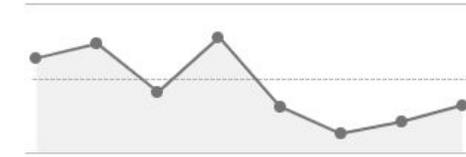
Academic Challenge

3.46



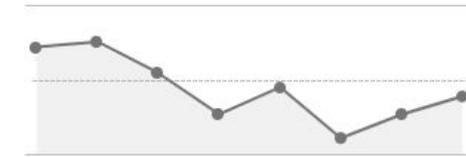
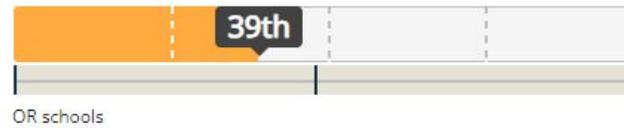
Culture

3.11



Belonging & Peer Collaboration

3.31



Relationships

3.30



High Schools - Student Trend Data



Engagement

3.43



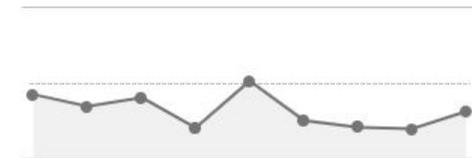
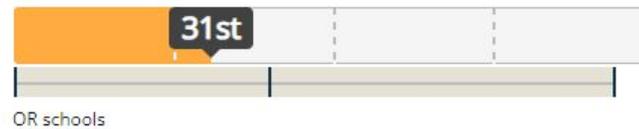
Academic Challenge

3.54



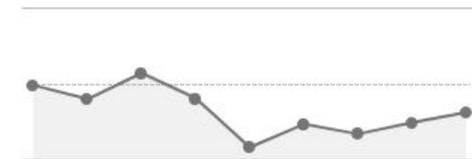
Culture

3.15



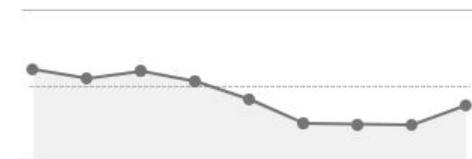
Belonging & Peer Collaboration

3.24



Relationships

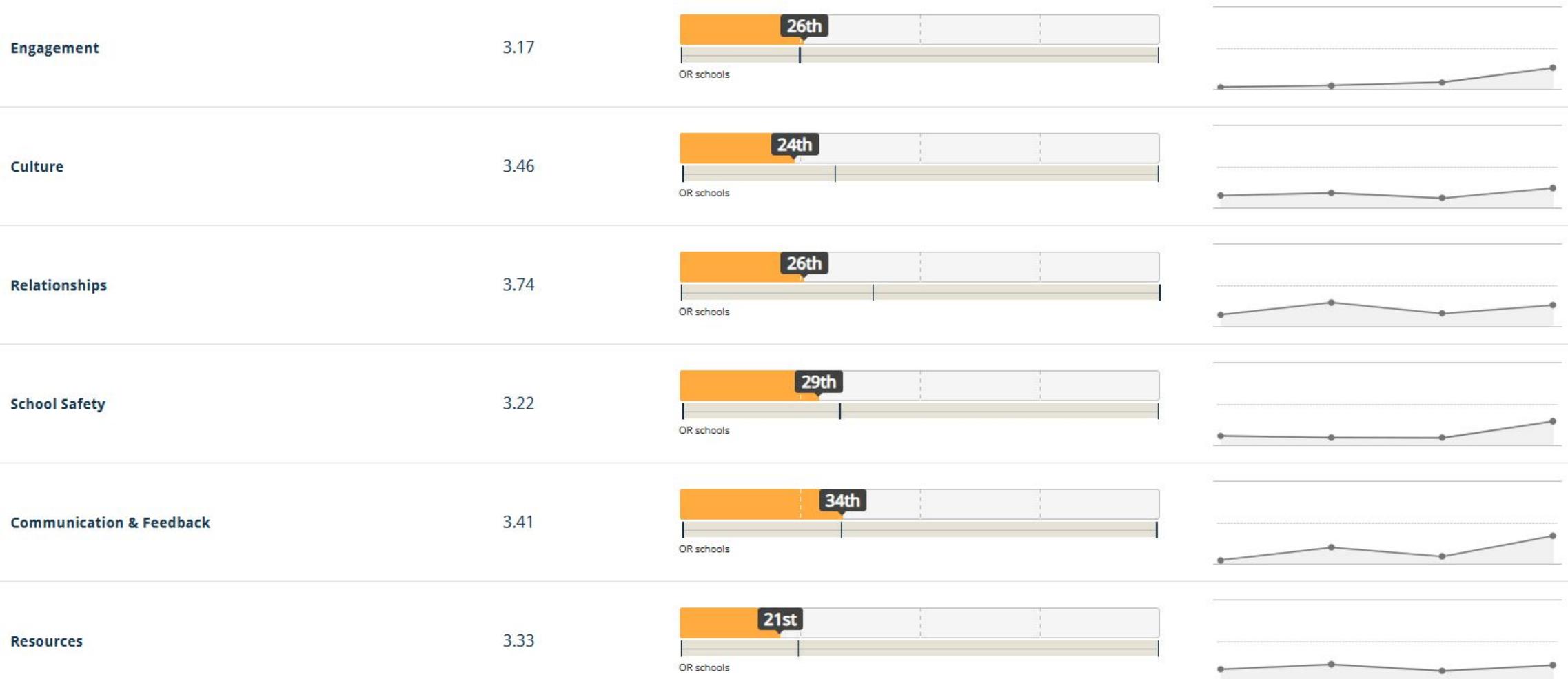
3.30



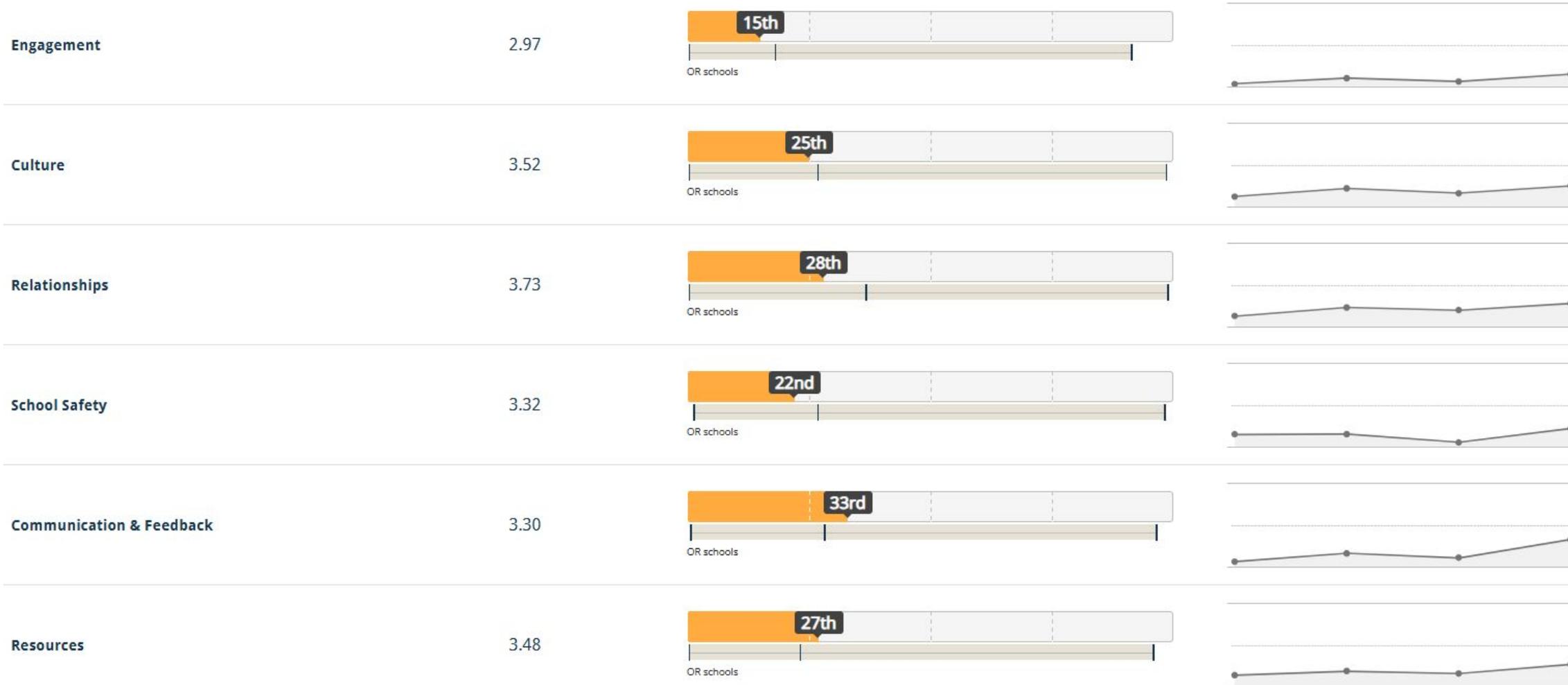
Elementary Schools- Family Trend Data



Middle Schools- Family Trend Data



High Schools- Family Trend Data



Highest and Lowest Rated Questions

Category: Family Engagement



Elementary Schools

- Highest: Parent/family members are included in planning school activities.
- Lowest: I feel represented by parent/family groups (for example, Parent-Teacher Association, School Site Councils, Advisory Councils, etc.) at my school.

Middle Schools

- Highest: Parent/family members are included in planning school activities.
- Lowest: I feel represented by parent/family groups (for example, Parent-Teacher Association, School Site Councils, Advisory Councils, etc.) at my school.

11

High Schools

- Highest: I feel informed about important decisions regarding my school.
- Lowest: I feel empowered to play a meaningful role in decision-making at my school.



EXECUTIVE SUMMARY

| | |
|-----------------------|---|
| Meeting Date: | April 10, 2025 |
| Agenda Item: | NMHS Gymnasium Update |
| Item Type: | Report |
| Administrator: | Bret Champion, Ron Havnear |
| Objective: | Provide the Board and community with an update on the NMHS gym roof collapse and next steps |

Background: As a result of the recent snowfall in the Rogue Valley, a crack was discovered in one of the glulam beams in the North gym on Friday afternoon, February 7. The gym was immediately evacuated and secured. MSD Facility crews, Medford Fire, the City of Medford, an architect team, and engineers responded quickly to reduce the snow load on the roof. Athletic practices and PE classes were relocated to other facilities.

On Tuesday morning, February 11, several beams broke under the weight of the snow, triggering an emergency response. The collapse broke the wire of the Emergency Response Button (ERB) system and automatically triggered a campus-wide lockdown. There was no actual threat to North students and staff, and the lockdown was lifted shortly after.

At 10:47 a.m. on the same morning, the gym roof collapsed completely. Emergency services responded immediately. All staff on site were accounted for and confirmed safe. Due to the closure of the school cafeteria, and out of an abundance of caution until all sites could be assessed, students were released early that day. After assessing the area, it was determined safe for students and staff to continue with school on Thursday.

The gym remains isolated from the rest of campus, and demolition began the week of March 10.

At this meeting, staff will provide an update on where we are on the road to recovery and in our effort to rebuild the gym.

Additional Materials: N/A

Recommendation: N/A

Suggested Motion: N/A



EXECUTIVE SUMMARY

| | |
|-----------------------|---|
| Meeting Date: | April 10, 2025 |
| Agenda Item: | School Board Policies - first reading |
| Item Type: | Information and Discussion |
| Administrator: | Bret Champion, Jodi Fahy |
| Objective: | Review the policies and administrative regulations presented as a first reading |

Background: OSBA provides quarterly policy updates that include current revisions to state and federal laws and guidelines. Staff has reviewed the updated language and applied applicable revisions which are reflected in the policy packet.

Revisions in **red** font indicate OSBA updated language. Revisions in **blue** font indicate staff updated language.

| Policy | Title | Summary |
|---|-----------------|--|
| JHCD/JHCDA <i>Delete this version</i> | Medications** | <i>There were a host of changes in Oregon law and administrative rules around administration of medication to students and for student self-administration in a school/district setting. This includes changes from House Bill 2002 and 2395 passed in the 2023 Legislature; from Senate Bill 1552 passed in the 2024 Legislature affecting statute in ORS 339.866 - 339.871; and rules on administration of medication in OAR 581-021-0037 which include new rules on short-acting opioid antagonist.</i> |
| JHCD/JHCDA-AR <i>Delete this version</i> | Medications** | <i>Since the changes are quite extensive, the original double coded policy and administrative regulation are recommended for deletion and replacement with the new versions - JHCD & JHCD-AR.</i> |
| JHCD <i>New policy</i> | Medications**/* | |
| JHCD-AR <i>New administrative regulation</i> | Medications**/* | |

* May be subject to collective bargaining.

** As used in this policy, the term parent includes legal guardian or person in a parental relationship. The status and duties of a legal guardian are defined in ORS 125.005(4) and

125.300-125.325. The determination of whether an individual is acting in a parental relationship, for purposes of determining residency, depends on the evaluation of the factors listed in ORS 419B.373. The determination for other purposes depends on evaluation of those factors and a power of attorney executed pursuant to ORS 109.056. For special education students, parent also includes a surrogate parent, an adult student to whom rights have transferred and foster parent as defined in OAR 581-015-2000.

Additional Materials: [Policy Packet 4.10.25](#)

The policy packet is organized with the revised version first (colored font), followed by a draft final version with the revisions incorporated.

Recommendation: Review revised language and move the policies forward for adoption at the April 24 Board meeting.

Suggested Motion: No action required at this meeting.

Medford School District 549C

Code: JHCD/JHCDA
Adopted/Readopted: 9/19/19; 2/20/20; 2/17/22

Medications**

The district recognizes that administering a medication to a student and/or permitting a student to administer a medication to themselves, may be necessary when the failure to take such medication during school hours would prevent the student from attending school, and recognizes a need to ensure the health and well-being of a student who requires regular doses or injections of a medication as a result of experiencing a life-threatening allergic reaction or adrenal crisis¹, or a need to manage hypoglycemia, asthma or diabetes. Accordingly, the district may administer or a student may be permitted to administer to themselves prescription (injectable and noninjectable) and/or nonprescription (noninjectable) medication at school.

The district shall designate personnel authorized to administer medications to students. Annual training shall be provided to designated personnel as required by law in accordance with guidelines approved by the Oregon Department of Education (ODE). When a licensed health care professional is not immediately available, trained personnel designated by the district may administer epinephrine, glucagon or another medication to a student as prescribed and/or allowed by Oregon law.

Current first-aid and CPR cards are strongly encouraged for designated personnel.

The district reserves the right to reject a request for administration of medication at school, either by district personnel or student self-administration, if the medication is not necessary for the student to remain in school.

The superintendent and/or designee will require that an individualized health care plan and allergy plan is developed for every student with a known life-threatening allergy or a need to manage asthma, and an individualized health care plan for every student for whom the district has been given proper notice of a diagnosis of adrenal insufficiency. Such a plan will include provisions for administering medication and/or responding to emergency situations while the student is in school, at a school-sponsored activity, under the supervision of school personnel, in a before-school or after-school care program on school-owned property and in transit to or from school or a school-sponsored activity.

A student may be allowed to self-administer a medication for asthma, diabetes, hypoglycemia or severe allergies as prescribed by an Oregon licensed health care professional, upon written and signed request of the parent or guardian and subject to age-appropriate guidelines. This self-administration provision also requires a written and signed confirmation the student has been instructed by the Oregon licensed health care professional on the proper use of and responsibilities for the prescribed medication.

¹ Under proper notice given to the district by a student or student's parent or guardian.

A request to the district to administer or allow a student to self-administer prescription medication shall include a signed prescription and treatment plan from a prescriber².

A request to the district to administer or allow a student to self-administer nonprescription that is not approved by the Food and Drug Administration (FDA) shall include a written order from the student's prescriber that meets the requirements of law.

A written request and permission form signed by a student's parent or guardian, unless the student is allowed to access medical care without parental consent under state law³, is required and will be kept on file.

If the student is deemed to have violated Board policy or medical protocol by the district, the district may revoke the permission given to a student to self-administer medication.

Prescription and nonprescription medication will be handled, stored, monitored, disposed of and records maintained in accordance with established district administrative regulations governing the administration of prescription or nonprescription medications to students, including procedures for the disposal of sharps and glass.

A process shall be established by which, upon parent or guardian written request, a back-up prescribed autoinjectable epinephrine is kept at a reasonably, secure location in the student's classroom as provided by state law.

A premeasured dose of epinephrine may be administered by trained, designated personnel to any student or other individual on school premises who the person believes, in good faith, is experiencing a severe allergic reaction, regardless of whether the student or individual has a prescription for epinephrine.

Naloxone or any similar medication that is in any form available for safe administration and that is designed to rapidly reverse an overdose of an opioid drug may be administered by trained, designated personnel to any student or other individual on school premises who the person believes in good faith is experiencing an overdose of an opioid drug.

This policy shall not prohibit, in any way, the administration of recognized first aid to a student by district employees in accordance with established state law, Board policy and administrative regulation.

A school administrator, teacher or other district employee designated by the school administrator is not liable in a criminal action or for civil damages as a result of the administration, in good faith and pursuant to state law, of prescription and/or nonprescription medication.

² A registered nurse who is employed by a public or private school, ESD or local public health authority to provide nursing services at a public or private school may accept an order from a physician licensed to practice medicine or osteopathy in another state or territory of the U.S. if the order is related to the care or treatment of a student who has been enrolled at the school for not more than 90 days.

³ Subject to ORS 109.610, 109.640 and 109.675.

A school administrator, school nurse, teacher or other district employee designated by the school administrator is not liable in a criminal action or for civil damages as a result of a student's self-administration of medication, as described in Oregon Revised Statute (ORS) 339.866, if that person in good faith assisted the student in self-administration of the medication.

A school administrator, school nurse, teacher or other district employee designated by the school administration is not liable in a criminal action or for civil damages as a result of the use of medication if that person in good faith administers autoinjectable epinephrine to a student or other individual with a severe allergy, who is unable to self-administer the medication, regardless of whether the student or individual has a prescription for epinephrine or administers naloxone or any similar medication that is in any form available for safe administration and that is designed to rapidly reverse an overdose of an opioid drug to a student or other individual who that person believes in good faith is experiencing an overdose of an opioid drug.

The district and the members of the Board are not liable in a criminal action or for civil damages as a result of the use of medication if any person in good faith, on school premises, including at a school, on school property under the jurisdiction of the district or at an activity under the jurisdiction of the district, administers autoinjectable epinephrine to a student or other individual, with a severe allergy who is unable to self-administer the medication, regardless of whether the student or individual has a prescription for epinephrine or administers naloxone or any similar medication that is in any form available for safe administration and that is designed to rapidly reverse an overdose of an opioid drug to a student or other individual who the person believes in good faith is experiencing an overdose of an opioid drug.

END OF POLICY

Legal Reference(s):

[ORS 109.610](#)
[ORS 109.640](#)
[ORS 109.675](#)
[ORS 332.107](#)
[ORS 339.866 - 339.871](#)

[ORS 433.800 - 433.830](#)
[ORS 475.005 - 475.285](#)
[OAR 166-400-0010\(17\)](#)
[OAR 166-400-0060\(29\)](#)

[OAR 333-055-0000 -055-0115](#)
[OAR 581-021-0037](#)
[OAR 581-022-2220](#)
[OAR 851-047-0030](#)
[OAR 851-047-0040](#)

Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g (2018); Family Educational Rights and Privacy, 34 C.F.R. Part 99 (2019).

OREGON HEALTH AUTHORITY AND OREGON DEPARTMENT OF EDUCATION, *Medication Administration: A Manual for School Personnel*.

Medford School District 549C

Code: JHCD/JHCDA-AR
Adopted: 2/12/18
Revised/Readopted: 9/19/19; 2/20/20; 2/17/22
Orig. Code: JHCD/JHCDA-AR

Medications**

Students subject to the provisions of this administrative regulation, have prescription or nonprescription medication administered by designated personnel, or may be permitted to administer prescription or nonprescription medication to themselves.

1. Definitions

- a. “Medication” means any drug, chemical compound, suspension or preparation in suitable form for use as a curative or remedial substance taken internally or externally but not injected except for premeasured doses of epinephrine, medication to treat adrenal insufficiency and glucagon to treat severe hypoglycemia. Medication includes any prescription for bronchodilators or autoinjectable epinephrine prescribed by a student’s Oregon licensed health care professional for asthma or severe allergies. Medication also includes naloxone or any similar medication that is in any form available for the safe administration and that is designed to rapidly reverse an overdose of an opioid drug.
- b. “Prescription medication” means any medication that under federal law or state requires a prescription by a prescriber.
- c. “Nonprescription medication” means medication that under federal law or state does not require a prescription from a prescriber.
- d. “Adrenal crisis” means adrenal crisis as defined in Oregon Revised Statute (ORS) 433.800.
- e. “Adrenal insufficiency” means adrenal insufficiency as defined in ORS 433.800.
- f. “Notice of a diagnosis of adrenal insufficiency” means written notice to the district from a student or the parent or guardian of a student who has been diagnosed as adrenal insufficient with a copy of an order from the student’s primary care provider that includes the student’s diagnosis, description of symptoms indicating the student is in crisis, prescription for medication to treat adrenal insufficiency crisis and instructions for follow-up care after medication to treat adrenal insufficiency crisis has been administered.
- g. “Prescriber¹” means a doctor of medicine or osteopathy, a physician assistant licensed to practice by the Board of Medical Examiners for the state of Oregon, an Oregon-licensed, advance practice registered nurse with prescriptive authority, a dentist licensed by the Board of Dentistry for the state of Oregon, an optometrist licensed by the Board of Optometry for the state of Oregon, a naturopathic physician licensed by the Board of Naturopathy for the state of Oregon or a pharmacist licensed by the Board of Pharmacy for the state of Oregon.

¹ A registered nurse who is employed by a public or private school, ESD or local public health authority to provide nursing services at a public or private school may accept an order from a physician licensed to practice medicine or osteopathy in another state or territory of the U.S. if the order is related to the care or treatment of a student who has been enrolled at the school for not more than 90 days

- h. “Qualified trainer” means a person who is familiar with the delivery of health services in a school setting and who is a registered nurse licensed by the Oregon State Board of Nursing, a doctor of medicine or osteopathy or a physician assistant licensed by the Board of Medical Examiners for the state of Oregon or a pharmacist licensed by the Board of Pharmacy for the state of Oregon.
- i. “Severe allergy” means a life-threatening hypersensitivity to a specific substance such as food, pollen, dust or insect sting.
- j. “Asthma” means a chronic inflammatory disorder of the airways that requires ongoing medical intervention.
- k. “Designated personnel” means the school personnel designated to administer medication pursuant to district policy and procedure.

2. Designated Staff/Training

- a. The principal will designate personnel authorized to administer prescription or nonprescription medication to a student while the student is in school, at a school-sponsored activity, under the supervision of school personnel, in a before-school or after-school care program on school-owned property and in transit to or from school or a school-sponsored activity, as required by Oregon law. The principal will supervise and ensure building and activity practices and procedures are consistent with the requirements of law, rules and this administrative regulation.
- b. The principal will ensure the training required by Oregon law is provided to designated personnel. Training must be conducted by a qualified trainer. Training will be provided annually to designated personnel authorized to administer medication to students. The first year and every third year of training requires in-person instruction; during the intervening years, designated personnel may complete an online training that has been approved by the Oregon Department of Education (ODE) so long as a trainer is available within a reasonable amount of time following the training to answer questions and provide clarification.
- c. Training will provide an overview of applicable provisions of Oregon law, administrative rules, district policy and administrative regulations and include, but not be limited to, the following: safe storage, handling, monitoring medication supplies, disposing of medications, record keeping and reporting of medication administration and errors in administration, emergency medical response for life-threatening side effects, allergic reactions or adrenal insufficiency and student confidentiality. Materials as recommended and/or approved by the ODE will be used.
- d. A copy of the district’s policy and administrative regulation will be provided to all staff authorized to administer medication to students and others, as appropriate.
- e. A statement that the designated personnel has received the required training will be signed by the staff member and filed in the school office.

3. Administering Premeasured Doses of Epinephrine to a Student or Other Individual

A premeasured dose of epinephrine may be administered by trained, designated personnel to any student or other individual on school premises who the person believes in good faith is experiencing a severe allergic reaction, regardless of whether the student or individual has a prescription for epinephrine.

4. Administering Naloxone or Other Similar Medication to a Student or Other Individual

Naloxone or any other similar medication that is in any form available for safe administration and that is designed to rapidly reverse an overdose of an opioid drug may be administered by trained, designated personnel to any student or other individual on school premises who the person believes in good faith is experiencing an opioid overdose.

5. Administering of Medication to a Student Experiencing Symptoms of Adrenal Crisis

A student experiencing symptoms of adrenal crisis while the student is in school, at a school-sponsored activity, while under the supervision of school personnel, in a before-school or after-school care program on school-owned property and in transit to or from a school or a school-sponsored activity, may be treated by designated personnel and shall be subject to the following:

- a. Upon notice of a diagnosis of adrenal insufficiency, as defined in Oregon Administrative Rule (OAR) 581-021-0037, the building principal will designate one or more school personnel to be responsible for administering the medication to treat adrenal insufficiency;
- b. The designated personnel will successfully complete training to administer medication to treat a student who has adrenal insufficiency and is experiencing symptoms of adrenal crisis in accordance with the rules adopted by the Oregon Health Authority;
- c. The student or the student's parent or guardian must provide adequate supply of the student's prescribed medication to the district;
- d. The district will require the development of an individualized health care plan for the student that includes protocols for preventing exposures to allergens, and establishes if or when a student may self-carry prescription medication when the student has not been approved to self-administer medication;
- e. In the event that a student experiences symptoms of adrenal crisis and the designated personnel determines the medication to treat adrenal insufficiency should be administered, any available staff member will immediately call 911 and the student's parent or guardian.

6. Administering Medication to a Student

- a. A request to permit designated personnel to administer medication to a student may be approved by the district and is subject to the following:
 - (1) A written request for designated personnel to administer prescription medication to a student, if because of the prescribed frequency or schedule, the medication must be given while the student is in school, at a school-sponsored activity, while under the supervision of school personnel and in transit to or from school or a school-sponsored activity, must be submitted to the school office and shall include:
 - (a) The written permission of the student's parent or guardian or the student if the student is allowed to seek medical care without parental consent pursuant to ORS 109.610, 109.640 or 109.675; and
 - (b) The written instruction from the prescriber for the administration of the medication to the student that includes:

- (i) Name of the student;
- (ii) Name of the medication;
- (iii) Method of administration;
- (iv) Dosage;
- (v) Frequency of administration;
- (vi) Other special instructions from the prescriber, if any; and
- (vii) Signature of the prescriber.

The prescription label prepared by a pharmacist at the direction of the prescriber, will be considered to meet this requirement if it contains the information listed in (i)-(vi) above.

(2) A written request for designated personnel to administer nonprescription medication to a student must be submitted to the school office and is subject to the following:

- (a) The nonprescription medication is necessary for the student to remain in school;
- (b) The nonprescription medication is provided in the original manufacturer's container by the parent or guardian of the student;
- (c) The written instruction from the student's parent or guardian for the administration of the nonprescription medication includes:

- (i) Name of the student;
- (ii) Name of the medication;
- (iii) Method of administration;
- (iv) Dosage;
- (v) Frequency of administration;
- (vi) Other special instructions, if any; and
- (vii) Signature of the student's parent or guardian.

If the written instruction is not consistent with the manufacturer's guidelines for the nonprescription medication, the written instruction must also include a written order allowing the inconsistent administration signed by a prescriber.

(d) If the nonprescription medication is not approved by the Food and Drug Administration (FDA), a written order from the student's prescriber is required and will include:

- (i) Name of the student;
- (ii) Name of the medication;
- (iii) Dosage;
- (iv) Method of administration;
- (v) Frequency of administration;
- (vi) A statement that the medication must be administered while the student is in school;
- (vii) Other special instructions, if any; and
- (viii) Signature of the prescriber.

- b. An individualized health care and allergy plan will be developed for a student with a known life-threatening allergy and will include protocols for preventing exposures to allergens and procedures for responding to life-threatening allergic reactions while the student is in school, at a school-sponsored activity, while under the supervision of school personnel, in a before-school or after-school care program on school-owned property and in transit to or from school or a school-sponsored activity, and will include a determination on if or when the student may self-carry prescription medication if the student has not been approved to self-administer medication;
- c. It is the student's parent or guardian's, or the student's if the student is allowed to seek medical care without parental consent, responsibility to ensure that an adequate amount of medication is on hand at the school for the duration of the student's need to take medication;
- d. It is the student's parent or guardian's, or the student's if the student is allowed to seek medical care without parental consent, responsibility to ensure that the school is informed in writing of any changes in medication instructions;
- e. In the event a student refuses medication, the parent or guardian will be notified immediately, except where a student is allowed to seek medical care without parental consent. No attempt will be made to administer medication to a student who refuses a medication;
- f. Any error in administration of a medication will be reported to the parent or guardian immediately, except where a student is allowed to seek medical care without parental consent, and documentation will be made on the district's Accident/Incident Report form. Errors include, but are not limited to, administering medication to the wrong student, administering the wrong medication, dose, frequency of administration or method of administration;
- g. Medication shall not be administered until the necessary permission form and written instructions have been submitted as required by the district.

7. Self-Medication

- a. A student, including a student in grade K through 12 with asthma or severe allergies, may be permitted to administer medication to themselves without assistance from designated personnel and is subject to the following:
 - (1) A student must demonstrate the ability, developmentally and behaviorally, to self-administer prescription medication and must have:
 - (a) A permission form from a parent or guardian, except when the student is allowed to seek medical care without parental consent pursuant to ORS 109.610, 109.640 or 109.675, and other documentation requested by the district must be submitted for self-medication of all prescription medications;
 - (b) If the student has asthma, diabetes and/or a severe allergy, a medication that is prescribed by a prescriber and a written treatment plan developed by a prescriber or other Oregon licensed health care professional for managing of the student's asthma, diabetes and/or severe allergy, and directs use by the student while the student is in school, at a school-sponsored activity, while under the supervision of school personnel, in a before-school or after-school care program on school-owned property and in transit to or from school or a school-sponsored activity. The prescriber will include acknowledgment that the student has been instructed in the correct and responsible use of the prescribed medication;

- (c) The permission to self-administer the medication from a building administrator and a prescriber or registered nurse practicing in a school setting.
- (2) A student must demonstrate the ability, developmentally and behaviorally, to self-administer nonprescription medication and must have:
- (a) The written permission of the student's parent or guardian, except when the student is allowed to seek medical care without parental consent pursuant to ORS 109.610, 109.640 or 109.675;
 - (b) The student's name affixed to the manufacturer's original container; and
 - (c) The permission to self-administer medication from a building administrator.
- (3) A student must demonstrate the ability, developmentally and behaviorally, to self-administer nonprescription medication that is not approved by the FDA and must have:
- (a) The written permission of the student's parent or guardian, except when the student is allowed to seek medical care without parental consent pursuant to ORS 109.610, 109.640 or 109.675; and
 - (b) A written order from the student's prescriber that includes:
 - (i) Name of the student;
 - (ii) Name of the medication;
 - (iii) Dosage;
 - (iv) Method of administration;
 - (v) Frequency of administration;
 - (vi) A statement that the medication must be administered while the student is in school;
 - (vii) Other special instructions, if any; and
 - (viii) Signature of the prescriber.
- b. The student may have in their possession only the amount of medication needed for that school day, except for manufacturer's packaging that contains multiple dosage, the student may carry one package, such as, but not limited to, autoinjectable epinephrine or bronchodilators/inhalers;
- c. Sharing and/or borrowing of any medication with another student is strictly prohibited;
- d. For a student who has been prescribed bronchodilators or epinephrine, the designated personnel will request that the parent or guardian provide backup medication for emergency use by that student. Backup medication, if provided, will be kept at the student's school in a location to which the student has immediate access in the event the student has an asthma and/or severe allergy emergency;
- e. Upon written request from a parent or guardian, and with a prescriber's written statement that the lack of immediate access to a backup autoinjectable epinephrine may be life threatening to a student, and the location the school stores backup medication is not located in the student's classroom, a process shall be established to allow the backup autoinjectable epinephrine to be kept in a reasonably secure location in the student's classroom;
- f. A student shall not administer medication to themselves until the necessary permission form and written instructions have been submitted as required by the district;

- g. Permission for a student to administer medication to themselves may be revoked if the student violates the Board policy and/or this administrative regulation;
 - h. A student may be subject to discipline, up to and including expulsion, as appropriate;
 - i. A student permitted to administer medication to themselves may be monitored by designated personnel to monitor the student's response to the medication.
8. Handling, Monitoring and Safe Storage of Medication Supplies for Administering Medication to Students
- a. Medication administered by designated personnel to a student or self administered by a student, must be delivered to the school in its original container, accompanied by the permission form and written instructions, as required above.
 - b. Medication in capsule or tablet form and categorized as a sedative, stimulant, anticonvulsant, narcotic analgesic or psychotropic medication will be counted by designated personnel in the presence of another district employee upon receipt, documented in the student's medication log and routinely monitored during storage and administration. Discrepancies will be reported to the principal immediately and documented in the student's medication log. For such medication not in capsule or tablet form, standard measuring and monitoring procedures will apply.
 - c. Designated personnel will follow the written instructions of the prescriber and the student or the student's parent or guardian, and training guidelines as may be recommended by the ODE for administering all forms of prescription and/or nonprescription medications.
 - d. Medication will be secured as follows:
 - (1) Nonrefrigerated medications will be stored in a locked cabinet, drawer or box used solely for the storage of medication;
 - (2) Medications requiring refrigeration will be stored in a locked box in a separate refrigerator used solely for the storage of medication;
 - (3) Access to medication storage keys will be limited to the principal and designated personnel.
 - e. Designated personnel will be responsible for monitoring all medication supplies and for ensuring medication is secure at all times, not left unattended after administering and that the medication container is properly sealed and returned to storage.
 - f. In the event medication is running low or an inadequate dosage is on hand to administer the medication, the designated personnel will notify the student's parent or guardian or the student (in situations involving ORS 109.610, 109.640 and 109.675) immediately.
9. Emergency Response
- a. Designated personnel will notify 911 or other appropriate emergency medical response systems and administer first aid, as necessary, in the event of life-threatening side effects that result from district-administered medication or from student self-medication or allergic reactions. The parent or guardian, school nurse and principal will be notified immediately.
 - b. Minor adverse reactions that result from district-administered medication or from student self-medication will be reported to the parent or guardian immediately, except when the student is allowed to seek medical care without parental consent pursuant to ORS 109.610, 109.640 or 109.675.

- c. Any available district staff will immediately call 911 and the student's parent or guardian if the designated personnel believes the student is experiencing symptoms of adrenal crisis and plans to administer medication.

10. Disposal of Medications

- a. Medication not picked up by the student's parent or guardian, or the student when allowed pursuant to ORS 109.610, 109.640 and 109.675, at the end of the school year or within [five] school days of the end of the medication period, whichever is earlier, will be disposed of by designated personnel in a nonrecoverable fashion as follows:
 - (1) Medication will be removed from its original container and personal information will be destroyed;
 - (2) Solid medications will be crushed, mixed or dissolved in water, liquid medications will be mixed or dissolved in water; and
 - (3) Mixed with an undesirable substance, e.g., coffee grounds, kitty litter, flour; and
 - (4) Placed in impermeable non-descriptive containers, e.g., empty cans or sealable bags, and placed in the trash.

Prescriptions will be flushed down the toilet only if the accompanying patient information specifically instructs it is safe to do so.

Other medication will be disposed of in accordance with established training procedures including sharps and glass.

- b. All medication will be disposed of by designated personnel in the presence of another school employee and documented as described in Section 10, below.

11. Transcribing, Recording and Record Keeping

- a. A medication log will be maintained for each student administered medication by the district. The medication log will include, but not be limited to:
 - (1) The name of the student, name of medication, dosage, method of administration, date and time of administration, frequency of administration and the name of the person administering the medication;
 - (2) Student refusals of medication;
 - (3) Errors in administration of medication;
 - (4) Incidents of emergency and minor adverse reaction by a student to medication;
 - (5) Discrepancies in medication supply;
 - (6) Disposal of medication including date, quantity, manner in which the medication was destroyed and the signature of the staff involved.
- b. All records relating to administration of medications, including permissions and written instructions, will be maintained in a separate medical file apart from the student's education record file unless otherwise related to the student's educational placement and/or individualized education program. Records will be retained in accordance with applicable provisions of OAR 166-400-0010(17) and OAR 166-400-0060(29).

- c. Student health information will be kept confidential. Access shall be limited to those designated personnel authorized to administer medication to students, the student and their parent or guardian. Information may be shared with other staff with a legitimate educational interest in the student or others as may be authorized by the parent or guardian in writing or others as allowed under state and federal law.

DELETED

Medford School District 549C

Code: JHCD
 Adopted: xx/xx/xx

Medications**/*

The district recognizes administering a medication to a student and/or permitting a student to administer a medication to themselves, may be necessary to allow the student to attend school. Therefore, the district allows medication, including injectable medications, to be administered to a student by designated personnel and the administration of medication by a student to themselves without assistance from designated personnel, subject to criteria established by the district and in accordance with Oregon law.

The district shall designate personnel authorized to administer medications to students. Medications, including injectable medications, may be administered by designated district personnel as part of a formal delegation by a registered nurse. Annual training shall be provided to designated personnel in accordance with law. The training will align with the ODE Medication Administration Training and include discussion of this policy, procedures and materials, including but not limited to, procedures outlined in administrative regulation JHCD-AR - Medications.

When a licensed healthcare professional is not immediately available, trained personnel designated by the district may administer epinephrine, glucagon, treatment for adrenal insufficiency, or another medication to a student as prescribed and/or as otherwise allowed by Oregon law.

A current first-aid/CPR/AED card is required for designated personnel.

The district reserves the right to reject a request for administration of medication at school, either by district personnel or student self-administration, if the medication is not necessary for the student to remain in school.

The district may revoke permission given to a student to self-administer medication if the student does not responsibly self-administer the medication or abuses the use of the medication, as determined by district personnel.

Medications will be handled, stored, monitored, disposed of and records maintained in accordance with law and established district procedures governing the administration of prescription or nonprescription medications to students, including procedures for the disposal of sharps and glass.

A process shall be established by which, upon parent or guardian written request, a backup medication is kept at a reasonably, secure location in the student's classroom as provided by state law.

A premeasured dose of epinephrine may be administered by trained, designated personnel to any student or other individual on district premises who the person believes in good faith is experiencing a severe allergic reaction, regardless of whether the student or individual has a prescription for epinephrine.

A non-injectable short-acting opioid antagonist may be administered to any student or other individual by district personnel (whether or not they have received training on administering medications) on district

premises who the individual administering the short-acting opioid antagonist believes in good faith is experiencing an opioid overdose.

A school administrator, teacher or other school employee, may administer a short-acting opioid antagonist to a student who experienced or is experiencing an opioid overdose without written permission and instructions of the student’s parents or guardian.

This policy shall not prohibit, in any way, the administration of recognized first aid to a student by district employees in accordance with established state law, Board policy and administrative regulation.

The superintendent shall develop administrative regulations to meet the requirements of law and the implementation of this policy.

END OF POLICY

Legal Reference(s):

- [ORS 332.107](#)
- [ORS 339.866 - 339.871](#)
- [ORS 433.800 - 433.830](#)
- [ORS 689.800](#)
- [OAR 166-400-0010\(17\)](#)
- [OAR 166-400-0060\(29\)](#)
- [OAR 333-055-0000 - 0035](#)
- [OAR 581-021-0037](#)
- [OAR 581-022-2220](#)
- [OAR 851-047-0000 - 0030](#)

Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g (2018); Family Educational Rights and Privacy, 34 C.F.R. Part 99 (2019).

OREGON HEALTH AUTHORITY AND OREGON DEPARTMENT OF EDUCATION, *Medication Administration: A Manual for School Personnel*. House Bill 1552 (2024).

Medford School District 549C

Code: JHCD
Adopted: xx/xx/xx

Medications/****

The district recognizes administering a medication to a student and/or permitting a student to administer a medication to themselves, may be necessary to allow the student to attend school. Therefore, the district allows medication, including injectable medications, to be administered to a student by designated personnel and the administration of medication by a student to themselves without assistance from designated personnel, subject to criteria established by the district and in accordance with Oregon law.

The district shall designate personnel authorized to administer medications to students. Medications, including injectable medications, may be administered by designated district personnel as part of a formal delegation by a registered nurse. Annual training shall be provided to designated personnel in accordance with law. The training will align with the ODE Medication Administration Training and include discussion of this policy, procedures and materials, including but not limited to, procedures outlined in administrative regulation JHCD-AR - Medications.

When a licensed healthcare professional is not immediately available, trained personnel designated by the district may administer epinephrine, glucagon, treatment for adrenal insufficiency, or another medication to a student as prescribed and/or as otherwise allowed by Oregon law.

A current first-aid/CPR/AED card is required for designated personnel.

The district reserves the right to reject a request for administration of medication at school, either by district personnel or student self-administration, if the medication is not necessary for the student to remain in school.

The district may revoke permission given to a student to self-administer medication if the student does not responsibly self-administer the medication or abuses the use of the medication, as determined by district personnel.

Medications will be handled, stored, monitored, disposed of and records maintained in accordance with law and established district procedures governing the administration of prescription or nonprescription medications to students, including procedures for the disposal of sharps and glass.

A process shall be established by which, upon parent or guardian written request, a backup medication is kept at a reasonably, secure location in the student's classroom as provided by state law.

A premeasured dose of epinephrine may be administered by trained, designated personnel to any student or other individual on district premises who the person believes in good faith is experiencing a severe allergic reaction, regardless of whether the student or individual has a prescription for epinephrine.

A non-injectable short-acting opioid antagonist may be administered to any student or other individual by district personnel (whether or not they have received training on administering medications) on district

premises who the individual administering the short-acting opioid antagonist believes in good faith is experiencing an opioid overdose.

A school administrator, teacher or other school employee, may administer a short-acting opioid antagonist to a student who experienced or is experiencing an opioid overdose without written permission and instructions of the student's parents or guardian.

This policy shall not prohibit, in any way, the administration of recognized first aid to a student by district employees in accordance with established state law, Board policy and administrative regulation.

The superintendent shall develop administrative regulations to meet the requirements of law and the implementation of this policy.

END OF POLICY

Legal Reference(s):

[ORS 332.107](#)
[ORS 339.866 - 339.871](#)
[ORS 433.800 - 433.830](#)
[ORS 689.800](#)
[OAR 166-400-0010\(17\)](#)
[OAR 166-400-0060\(29\)](#)
[OAR 333-055-0000 - 0035](#)
[OAR 581-021-0037](#)
[OAR 581-022-2220](#)
[OAR 851-047-0000 - 0030](#)

Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g (2018); Family Educational Rights and Privacy, 34 C.F.R. Part 99 (2019).

OREGON HEALTH AUTHORITY AND OREGON DEPARTMENT OF EDUCATION, *Medication Administration: A Manual for School Personnel*. House Bill 1552 (2024).

Medford School District 549C

Code: JHCD-AR
Adopted: xx/xx/xxxx

Medications**/*

Students may, subject to the provisions of this administrative regulation, have prescription or nonprescription medication administered by designated district personnel, or may be permitted to administer prescription or nonprescription medication to themselves.

1. Definitions¹

- a. “Administer” means the direct application of a drug or device whether by injection, inhalation, ingestion, or any other means, to the body of a patient or research subject by: (1) a practitioner or the practitioner’s authorized agent; or (2) the patient or research subject at the direction of the practitioner. (ORS 689.005)
- b. “Adrenal crisis” means a sudden, severe worsening of symptoms associated with adrenal insufficiency, such as severe pain in the lower back, abdomen or legs, vomiting, diarrhea, dehydration, low blood pressure or loss of consciousness. (ORS 433.800)
- c. “Adrenal insufficiency” means a hormonal disorder that occurs when the adrenal glands do not produce enough adrenal hormones. (ORS 433.800)
- d. “Asthma” means a chronic inflammatory disorder of the airways that requires ongoing medical intervention. (ORS 339.866)
- e. “Delegation” means a formal delegation of a nursing procedure by a registered nurse to district personnel in accordance with the Oregon Nurse Practice Act. (OAR Chapter 851)
- f. “Designated personnel” means the school personnel designated and trained to administer medication pursuant to district policy and procedure.
- g. “Medication” means medication that is not injected; premeasured doses of epinephrine that are injected; medication that is available for treating adrenal insufficiency; and Naloxone or any similar medication that is in any form available for safe administration and that is designed to rapidly reverse an overdose of an opioid drug. “Medication” also means any prescription for bronchodilators or autoinjectable epinephrine prescribed by a student’s Oregon licensed health care professional for asthma or severe allergies. “Medication” does not include nonprescription sunscreen. (ORS 339.866; ORS 339.867)
- h. “Nonprescription medication” means nonprescription drugs as defined in ORS 689.005, which means drugs that may be sold without prescription and that are prepackaged for use by the consumer and labeled in accordance with the requirements of the statutes and regulations of this state and the federal government. (OAR 581-021-0037)
- i. “Notice of a diagnosis of adrenal insufficiency” means written notice to the district from the parent or guardian of a student who has been diagnosed as adrenal insufficient with a copy of an order from the student’s primary care provider that includes the student’s diagnosis, description of symptoms indicating the student is in crisis, prescription for medication to treat

¹ There are several laws that apply to medications in schools. Some of these laws have unique definitions that may apply in specific situations. If the applicable law uses a definition that varies from the definition here, use the definition in the law.

adrenal insufficiency crisis, and instructions for follow-up care after medication to treat adrenal insufficiency crisis has been administered. (OAR 581-021-0037)

- j. “Opioid overdose” means a medical condition that causes depressed consciousness, depressed respiratory function or the impairment of vital bodily functions as a result of ingesting opioids. (ORS 689.800)
- k. “Prescriber²” means a “practitioner” as defined in ORS 689.005, which means a person licensed and operating within the scope of such license to prescribe, dispense, conduct research with respect to or administer drugs in the course of professional practice or research: (a) in this state; or (b) in another state or territory of the U.S. if the person does not reside in Oregon and is registered under the federal Controlled Substances Act. (OAR 581-021-0037)
- l. “Prescription medication” means a “prescription drug” as defined in ORS 689.005, which means a drug that is: required by federal law, prior to being dispensed or delivered, to be labeled with “Caution: Federal law prohibited dispensing without prescription” or “Caution: Federal law restricts this drug to use by or on the order of a licensed veterinarian”; or required by any applicable federal or state law or regulation to be dispensed on prescription only or is restricted to use by practitioners only.
- m. “Severe allergy” means a life-threatening hypersensitivity to a specific substance such as food, pollen, or dust. (ORS 339.866)
- n. “Short-acting opioid antagonist” means any short-acting drug approved by the U.S. Food and Drug Administration for the complete or partial reversal of an opioid overdose. (ORS 689.800)

2. Designated Staff/Training

- a. Medications, including injectable medications, may be administered by trained personnel as part of a formal delegation by a registered nurse.
- b. The principal, in consultation with the school nurse, will designate district personnel authorized to administer prescription or nonprescription medication to a student which takes into account when the student is in school, at a district-sponsored activity, under the supervision of district personnel, or in transit to or from school-or district-sponsored activities, and may include when a student is in a before-school or after-school care program on school-owned property when required by law. The principal will supervise and ensure building and activity practices and procedures are consistent with the requirements of law, rules, policy and this administrative regulation.
- c. The district will provide staff who are designated personnel to administer prescription or nonprescription medication access to a school nurse.
- d. The principal will ensure the annual training required by Oregon law is provided to designated district personnel. Training must be conducted by a qualified trainer, which is a person who is familiar with the delivery of health services in a school setting and who is either a registered nurse licensed by the Oregon State Board of Nursing or a prescriber. District personnel designated to administer epinephrine, glucagon, and medication to treat adrenal insufficiency shall be trained using related training developed by the Oregon Health Authority (OHA). The

² A registered nurse who is employed by a district or local public health authority to provide nursing services at a district may accept an order from a physician licensed to practice medicine or osteopathy in another state or territory of the U.S. if the order is related to the care or treatment of a student who has been enrolled at the district for not more than 90 days.

first training and every third training thereafter shall be provided in-person³. During subsequent years, designated district personnel may complete an online training so long as a trainer is available following the training to answer questions and provide clarification.

- e. The training for district personnel will provide an overview of applicable provisions of Oregon law, administrative rules, district policy and administrative regulations and include, but not be limited to, discussion of the following: safe storage, administration, handling and disposing of medications; accessibility of medication during an emergency; record keeping; whether response to medication should be monitored by designated personnel and the role of designated personnel in such monitoring; emergency medical response procedures following administration of the medication; confidentiality of health information; and assessment of gained knowledge. Training as recommended and/or approved by ODE will be used.
- f. The district shall maintain documentation of district personnel's completion of training in accordance with OAR 166-400-0010.

3. Administering Premeasured Doses of Epinephrine to a Student or Other Individual

A premeasured dose of epinephrine may be administered by trained district personnel to any student or other individual on district premises who the person believes in good faith is experiencing a severe allergic response, regardless of whether the student or individual has a prescription for epinephrine.

4. Administering Short-Acting Opioid Antagonists

A short-acting opioid antagonist may be administered by any district personnel⁴ to any student or other individual, on school premises who the individual administering the short-acting opioid antagonist believes in good faith is experiencing an overdose of an opioid drug.

The principal shall immediately notify the parent or guardian of a minor student enrolled in a school within the district when a short-acting opioid antagonist is administered to the student while at school, on school property under the jurisdiction of the district or at any activity under the jurisdiction of the district.

The district shall provide to the parent or legal guardian of each minor student enrolled in a school in the district information regarding short-acting opioid antagonists. The information will include at least:

- a. A description of short-acting opioid antagonists and their purpose;
- b. A statement regarding, in an emergency situation, the risks of administering to an individual a short-acting opioid antagonist and the risks of not administering to an individual a short-acting opioid antagonist;

³ An online training may qualify as “in-person” when these measures are met: content is provided via synchronous, interactive online sessions with a trainer and learners visible on screen; trainers must be licensed and work within their scope of practice; and include in-person, skills demonstration for training developed by the Oregon Health Authority for epinephrine, glucagon, and for medication to treat adrenal insufficiency.

⁴ Including district personnel who have not received medication administration training.

- c. A statement identifying which schools in the district, if any, have short-acting opioid antagonists, and the necessary medical supplies to administer short-acting opioid antagonists, onsite and available for emergency situations; and
- d. A statement that a representative of the district may administer a short-acting opioid antagonist to a student in an emergency if the student appears to be unconscious and experiencing an opioid overdose.

5. Administering of Medication to a Student Experiencing Symptoms of Adrenal Crisis

A student experiencing symptoms of adrenal crisis while the student is in school, at a district-sponsored activity, while under the supervision of school personnel, in a before-school or after-school care program on school-owned property and/or in transit to or from a school or a district-sponsored activity, may be treated by designated personnel and shall be subject to the following:

- a. Upon notice of a diagnosis of adrenal insufficiency, as defined in Oregon Administrative Rule (OAR) 581-021-0037, the building principal of the school the student attends will designate one or more district personnel to receive training and be responsible for administering the medication to treat adrenal insufficiency to a student in the event the student exhibits symptoms the district personnel believe in good faith indicate the student is experiencing symptoms of adrenal crisis;
- b. The designated personnel will successfully complete required training to administer medication to treat a student who has adrenal insufficiency and is experiencing symptoms of adrenal crisis;
- c. The student's parent or guardian must provide adequate supply of the student's prescribed medication to the district;
- d. The district will develop an individualized health care plan for the student;
- e. In the event that a student experiences symptoms of adrenal crisis and the designated personnel determines the medication to treat adrenal insufficiency should be administered, any available district staff member will immediately call 911 and the student's parent or guardian.

6. Administering Medication to a Student

- a. A request to permit designated personnel to administer medication to a student may be approved by the district and is subject to the following:
 - (1) A written request for designated personnel to administer prescription medication to a student, if because of the prescribed frequency or schedule, the medication must be given while the student is in school, at a school-sponsored activity, while under the supervision of school personnel and in transit to or from school or a school-sponsored activity, must be submitted to the school office and shall include:
 - (a) The written permission of the student's parent or guardian; and
 - (b) The written instruction from the prescriber for the administration of the medication to the student that includes:
 - (i) Name of the student;
 - (ii) Name of the medication;

- (iii) Method of administration;
- (iv) Dosage;
- (v) Frequency of administration;
- (vi) Other special instructions from the prescriber, if any; and
- (vii) Signature of the prescriber.

The prescription medication is provided in the original prescription packaging by the student's parent or guardian. The prescription label prepared by a pharmacist at the direction of the prescriber, will be sufficient to meet this requirement if it contains the information listed in (i)-(vi) above.

- (2) A written request for designated personnel to administer nonprescription medication to a student must be submitted to the school office and is subject to the following:
 - (a) The nonprescription medication is necessary for the student to remain in school;
 - (b) The nonprescription medication is:
 - (i) Provided in the original manufacturer's container by the student's parent or guardian; or
 - (ii) Is part of the district's stock medication program in compliance with the Oregon Board of Pharmacy rules including OAR 855-035-0005.
 - (c) The written instruction and permission from the student's parent or guardian for the administration of the nonprescription medication⁵ includes:
 - (i) Name of the student;
 - (ii) Name of the medication;
 - (iii) Method of administration;
 - (iv) Dosage;
 - (v) Frequency of administration;
 - (vi) Other special instructions, if any; and
 - (vii) Signature of the student's parent or guardian.

If the written instruction is not consistent with the manufacturer's guidelines for the nonprescription medication, the written instruction must also include a written order allowing the inconsistent administration signed by a prescriber.

- (d) If the nonprescription medication is not approved by the Food and Drug Administration (FDA), a written order from the student's prescriber is required and will include:
 - (i) Name of the student;
 - (ii) Name of the medication;
 - (iii) Dosage;
 - (iv) Method of administration;

⁵ For nonprescription medication that is not approved by the Food and Drug Administration (FDA), see requirements in 6.a.(2)(d).

- (v) Frequency of administration;
 - (vi) A statement that the medication must be administered while the student is in school;
 - (vii) Other special instructions, if any; and
 - (viii) Signature of the prescriber.
- b. The principal or designee will require an individualized health care plan or allergy plan be developed for every student with a need to manage ~~asthma or~~ a known life-threatening allergy. A plan will include protocols for preventing exposures to allergens and procedures for responding to life-threatening allergic responses, and include provisions for administering medication and/or responding to emergency situations while the student is in school, at a school-sponsored activity, under the supervision of school personnel, in a before-school or after-school care program on school-owned property and in transit to or from school or a school-sponsored activity;
- c. A student being administered a medication may be monitored by designated personnel to monitor the student's response to the medication;
- d. A determination will be made by the district on if or when the student may self-carry prescription medication if the student has not been approved to self-administer medication;
- e. It is the student's parent or guardian's responsibility to ensure that an adequate amount of medication is on hand at the school for the duration of the student's need to take medication;
- f. It is the student's parent or guardian's responsibility to ensure that the school is informed in writing of any changes in medication instructions;
- g. In the event a student refuses medication, the parent or guardian will be notified immediately. No attempt will be made to administer medication to a student who refuses a medication;
- h. Any error in administration of a medication will be reported to the parent or guardian immediately and documented on a medication administration record. Errors include, but are not limited to, administering medication to the wrong student, administering the wrong medication, dose, frequency of administration or method of administration;
- i. Medication shall not be administered until the necessary permission form and written instructions have been submitted and received as required by the district.
7. Administration of Medication by a Student to Themselves
- a. A student, including a student in grade K through 12 with asthma, diabetes, or severe allergies, may be permitted to administer prescription or nonprescription medication to themselves without assistance from designated personnel and is subject to the following:
- (1) A student must demonstrate the ability, developmentally and behaviorally, to self-administer prescription medication and must have:
 - (a) The written permission from a parent or guardian and other documentation requested by the district must be submitted for self-medication of all prescription medications;
 - (b) If the student has asthma, diabetes, or a severe allergy, a medication that is prescribed by a prescriber and a written treatment plan developed by a prescriber or other Oregon licensed health care professional for managing of the student's asthma, diabetes and/or severe allergy, and directs use by the student while the student is in school, at a school-sponsored activity, while under the supervision of

- school personnel, in a before-school or after-school care program on school-owned property and in transit to or from school or a school-sponsored activity. The prescriber will include acknowledgment that the student has been instructed in the correct and responsible use of the prescribed medication;
- (c) The permission to self-administer the medication from a building administrator and a prescriber or registered nurse practicing in a district setting.
- (2) A student must demonstrate the ability, developmentally and behaviorally, to self-administer nonprescription medication⁶ and must have:
- (a) The written permission of the student's parent or guardian;
 - (b) The student's name affixed to the manufacturer's original container; and
 - (c) The permission to self-administer medication from a building administrator.
- (3) A student must demonstrate the ability, developmentally and behaviorally, to self-administer nonprescription medication that is not approved by the FDA and must have:
- (a) The written permission of the student's parent or guardian; and
 - (b) A written order from the student's prescriber that includes:
 - (i) Name of the student;
 - (ii) Name of the medication;
 - (iii) Dosage;
 - (iv) Method of administration;
 - (v) Frequency of administration;
 - (vi) A statement that the medication must be administered while the student is in school, at a district-sponsored activity, under the supervision of district personnel, or in transit to or from school or district-sponsored activities;
 - (vii) Other special instructions, if any; and
 - (viii) Signature of the prescriber.
- b. A determination will be made by the district on if or when the student may self-carry prescription medication if the student has not been approved to self-administer medication;
 - c. A student may have in their possession only the amount of medication needed for that school day, except for manufacturer's packaging that contains multiple dosage, the student may carry one package, such as, but not limited to, autoinjectable epinephrine or bronchodilators/inhalers;
 - d. The sharing and/or borrowing by a student of any medication with another student is strictly prohibited⁷;
 - e. The district personnel will request backup medication, when the medication is to treat a student's asthma or severe allergy emergency, from the student's parent or guardian. Backup medication, if provided by a student's parent or guardian, will be kept at the student's school in

⁶ For nonprescription medication that is not approved by the Food and Drug Administration (FDA), see requirements in 7.a.(3).

⁷ Except for short-acting opioid antagonists.

- a location to which the student has immediate access in the event the student has an asthma and/or severe allergy emergency;
- f. A student shall not administer medication to themselves until the necessary permission form and written instructions have been submitted as required by the district;
 - g. The permission for a student to administer medication to themselves may be revoked if the student does not responsibly self-administer the medication or abuses the use of the medication as determined by district personnel;
 - h. A student may be subject to discipline, up to and including expulsion, as appropriate for violations of these procedures;
 - i. A student permitted to administer medication to themselves may be monitored by designated personnel to monitor the student's response to the medication;
 - j. The district allows the application of and use by students of nonprescription sunscreen, including sunscreen that contains para-aminobenzoic acid, without any required documentation from a licensed health care professional per ORS 339.874.
8. Handling, Monitoring and Safe Storage of Medication Supplies for Administration of Medication
- a. Any medication must be delivered to the school in its original manufacturer's or current prescription container, accompanied by the permission form and written instructions, as required above.
 - b. Prescription medication must always be the most current prescription and kept in the original, labeled container.
 - c. Nonprescription medication must be kept in original manufacturer's bottle or box.
 - d. Never administer medication sent to school in unlabeled containers.
 - e. Medication in any form categorized as a sedative, stimulant, anti-convulsive, narcotic analgesic or psychotropic medication will be counted or measured by designated personnel or parent or guardian in the presence of another district employee upon receipt and initialed by the two individuals who counted or witnessed the procedure, documented in the student's medication administration record (MAR) and routinely monitored during storage and administration. Any discrepancies will be reported to the district nurse or principal immediately and documented in the student's MAR. For such medication not in capsule or tablet form, standard measuring and monitoring procedures will apply.
 - f. Designated personnel will follow the written instructions of the prescriber and the student's parent or guardian, and training guidelines as may be recommended by ODE for administering all forms of prescription and/or nonprescription medications.
 - g. Medication will be secured as follows:
 - (1) Nonrefrigerated medications will be stored in a locked cabinet, drawer or box in a secure area;
 - (2) Medications requiring refrigeration will be stored in a locked box in a refrigerator or in a separate refrigerator used solely for the storage of medication in a secure area;
 - (3) Access to medication storage keys will be limited to the principal and designated personnel.
 - h. Designated personnel will be responsible for monitoring all medication supplies and for ensuring medication is secure at all times, not left unattended after administering and that the medication container is properly sealed and returned to storage.

- i. When medication is running low or an inadequate dosage is on hand to administer the medication, the designated personnel will notify the student's parent or guardian immediately.

9. Emergency Response

- a. Designated personnel will immediately call 911 or other appropriate emergency medical response systems and administer first aid, as necessary, in the event of life-threatening side effects and allergic reactions, including the administration of epinephrine. The parent or guardian, district nurse, and principal will be notified immediately.
- b. Adverse reactions which result from district-administered medication or from student self-medication will be reported to the parent or guardian immediately.
- c. Any available district staff will immediately call 911 and the student's parent or guardian if the designated personnel believes the student is experiencing symptoms of adrenal crisis and plans to administer medication.
- d. Any available staff will immediately call 911 when a short-acting opioid antagonist is administered to any student or other individual on district premises.

10. Disposal of Medications

- a. Medication not picked up by the student's parent or guardian, at the end of the school year or within five school days of the end of the medication period, whichever is earlier, will be disposed of by designated personnel in the presence of another school employee. The medication may be disposed through a designated drug take-back collection program or in a nonrecoverable fashion as follows:
 - (1) Medication will be removed from its original container and personal information will be destroyed;
 - (2) Mix with an undesirable substance, e.g., coffee grounds, used cat litter;
 - (3) Place in a plastic bag or other sealable container, e.g., such as an empty plastic container; and
 - (4) Place the sealed container with the mixture in the trash as close to garbage pickup time as possible, to prevent theft and misuse.
- b. Prescriptions will never be flushed down the toilet or drain or burnt with other waste.
- c. Sharps and glass will be disposed of in accordance with state guidelines.
- d. All medication will be disposed of by designated personnel following DEQ guidelines and documented on the student's MAR as described below.

11. Transcribing, Recording and Record Keeping

- a. A medication administration record (MAR) will be maintained for each student administered medication by the district. The MAR will be in paper⁸ or electronic form and will include, but not be limited to:

⁸ If a paper record is kept, the record will be documented in blue or black ink, and never in pencil or with use of white-out.

- (1) The full name of the student, date of birth, name of medication, dosage, method of administration, date and time of administration, frequency of administration and the name of the person administering the medication;
 - (2) Student refusals of medication;
 - (3) Errors in administration of medication;
 - (4) Incidents of emergency and minor adverse reaction by a student to medication;
 - (5) Discrepancies in medication supply;
 - (6) Disposal of medication including date, quantity, manner in which the medication was destroyed and the signature of the staff involved.
- b. A MAR for medication administered as part of an IEP goal should be maintained in the IEP record at the end of each school year.
 - c. All records relating to administration of medications, including permissions and written instructions, will be maintained. Records will be retained in accordance with applicable provisions of OAR 166-400-0010(17) and OAR 166-400-0060(29).
 - d. All records relating to the training of designated district personnel will be maintained by the district in accordance with applicable provisions of OAR 166-400-0010.
 - e. Student health information will be kept confidential. Access shall be limited to those designated personnel authorized to administer medication to students, the student and their parent or guardian. Information may be shared with school personnel with a legitimate educational interest in the student or others authorized by the parent or guardian in writing or others as allowed under state and federal law.

Non-liability Provisions for Administration of Prescription and Nonprescription Medications and Short-Acting Opioid Antagonists

A school administrator, teacher or other school employee designated by the school administrator is not liable in a criminal action or for civil damages as a result of the administration of nonprescription medication, if the school administrator, teacher or other school employee in good faith administers nonprescription medication to a student pursuant to written permission and instructions of the student's parents or guardian.

A school administrator, teacher or other school employee designated by the school administrator is not liable in a criminal action or for civil damages as a result of the administration of prescription medication, if the school administrator, teacher or other school employee in compliance with the instructions of a physician, physician assistant, nurse practitioner, naturopathic physician or clinical nurse specialist, in good faith administers prescription medication to a student pursuant to written permission and instructions of the student's parents or guardian.

A person may not maintain an action for injury, death or loss that results from acts or omissions of a school administrator, teacher or other school employee during the administration of a short-acting opioid antagonist unless it is alleged and proved by the complaining party that the school administrator, teacher or other school employee was grossly negligent in administering the short-acting opioid antagonist unless other conditions exist and which are outlined in Oregon law in ORS 339.870.

The civil and criminal immunities provided for above do not apply to an act or omission accounting to gross negligence or willful and wanton misconduct.

Non-Liability Provisions for Self-Administration and Autoinjectable Epinephrine

A school administrator, school nurse, teacher or other school employee designated by the school administrator is not liable in a criminal action or for civil damages as a result of a student's self-administration of medication, as described in ORS 339.866, if the school administrator, school nurse, teacher or other school employee, in compliance with the instructions of the student's Oregon licensed health care professional, in good faith assists the student's self-administration of the medication, if the medication is available to the student pursuant to written permission and instructions of the student's parent, guardian or Oregon licensed health care professional.

A school administrator, school nurse, teacher or other school employee designated by the school administrator is not liable in a criminal action or for civil damages as a result of the use of medication if the school administrator, school nurse, teacher or other school employee in good faith administers autoinjectable epinephrine to a student or other individual with a severe allergy who is unable to self-administer the medication regardless of whether the student or individual has a prescription for epinephrine.

The district and the members of a district Board are not liable in a criminal action or for civil damages as a result of the use of medication if any person in good faith administers autoinjectable epinephrine to a student or other individual with a severe allergy who is unable to self-administer the medication, regardless of whether the student or individual has a prescription for epinephrine; and the person administered the autoinjectable epinephrine on school premises, including at a school, on school property under the jurisdiction of the district or at an activity under the jurisdiction of the district.

The civil and criminal immunities described above (which are identified in ORS 339.871) do not apply to an act or omission to gross negligence or willful and wanton misconduct.

Medford School District 549C

Code: JHCD-AR
Adopted: xx/xx/xxxx

Medications**/*

Students may, subject to the provisions of this administrative regulation, have prescription or nonprescription medication administered by designated district personnel, or may be permitted to administer prescription or nonprescription medication to themselves.

1. Definitions¹

- a. “Administer” means the direct application of a drug or device whether by injection, inhalation, ingestion, or any other means, to the body of a patient or research subject by: (1) a practitioner or the practitioner’s authorized agent; or (2) the patient or research subject at the direction of the practitioner. (ORS 689.005)
- b. “Adrenal crisis” means a sudden, severe worsening of symptoms associated with adrenal insufficiency, such as severe pain in the lower back, abdomen or legs, vomiting, diarrhea, dehydration, low blood pressure or loss of consciousness. (ORS 433.800)
- c. “Adrenal insufficiency” means a hormonal disorder that occurs when the adrenal glands do not produce enough adrenal hormones. (ORS 433.800)
- d. “Asthma” means a chronic inflammatory disorder of the airways that requires ongoing medical intervention. (ORS 339.866)
- e. “Delegation” means a formal delegation of a nursing procedure by a registered nurse to district personnel in accordance with the Oregon Nurse Practice Act. (OAR Chapter 851)
- f. “Designated personnel” means the school personnel designated and trained to administer medication pursuant to district policy and procedure.
- g. “Medication” means medication that is not injected; premeasured doses of epinephrine that are injected; medication that is available for treating adrenal insufficiency; and Naloxone or any similar medication that is in any form available for safe administration and that is designed to rapidly reverse an overdose of an opioid drug. “Medication” also means any prescription for bronchodilators or autoinjectable epinephrine prescribed by a student’s Oregon licensed health care professional for asthma or severe allergies. “Medication” does not include nonprescription sunscreen. (ORS 339.866; ORS 339.867)
- h. “Nonprescription medication” means nonprescription drugs as defined in ORS 689.005, which means drugs that may be sold without prescription and that are prepackaged for use by the consumer and labeled in accordance with the requirements of the statutes and regulations of this state and the federal government. (OAR 581-021-0037)
- i. “Notice of a diagnosis of adrenal insufficiency” means written notice to the district from the parent or guardian of a student who has been diagnosed as adrenal insufficient with a copy of an order from the student’s primary care provider that includes the student’s diagnosis, description of symptoms indicating the student is in crisis, prescription for medication to treat

¹ There are several laws that apply to medications in schools. Some of these laws have unique definitions that may apply in specific situations. If the applicable law uses a definition that varies from the definition here, use the definition in the law.

adrenal insufficiency crisis, and instructions for follow-up care after medication to treat adrenal insufficiency crisis has been administered. (OAR 581-021-0037)

- j. “Opioid overdose” means a medical condition that causes depressed consciousness, depressed respiratory function or the impairment of vital bodily functions as a result of ingesting opioids. (ORS 689.800)
- k. “Prescriber²” means a “practitioner” as defined in ORS 689.005, which means a person licensed and operating within the scope of such license to prescribe, dispense, conduct research with respect to or administer drugs in the course of professional practice or research: (a) in this state; or (b) in another state or territory of the U.S. if the person does not reside in Oregon and is registered under the federal Controlled Substances Act. (OAR 581-021-0037)
- l. “Prescription medication” means a “prescription drug” as defined in ORS 689.005, which means a drug that is: required by federal law, prior to being dispensed or delivered, to be labeled with “Caution: Federal law prohibited dispensing without prescription” or “Caution: Federal law restricts this drug to use by or on the order of a licensed veterinarian”; or required by any applicable federal or state law or regulation to be dispensed on prescription only or is restricted to use by practitioners only.
- m. “Severe allergy” means a life-threatening hypersensitivity to a specific substance such as food, pollen, or dust. (ORS 339.866)
- n. “Short-acting opioid antagonist” means any short-acting drug approved by the U.S. Food and Drug Administration for the complete or partial reversal of an opioid overdose. (ORS 689.800)

2. Designated Staff/Training

- a. Medications, including injectable medications, may be administered by trained personnel as part of a formal delegation by a registered nurse.
- b. The principal, in consultation with the school nurse, will designate district personnel authorized to administer prescription or nonprescription medication to a student which takes into account when the student is in school, at a district-sponsored activity, under the supervision of district personnel, or in transit to or from school-or district-sponsored activities, and may include when a student is in a before-school or after-school care program on school-owned property when required by law. The principal will supervise and ensure building and activity practices and procedures are consistent with the requirements of law, rules, policy and this administrative regulation.
- c. The district will provide staff who are designated personnel to administer prescription or nonprescription medication access to a school nurse.
- d. The principal will ensure the annual training required by Oregon law is provided to designated district personnel. Training must be conducted by a qualified trainer, which is a person who is familiar with the delivery of health services in a school setting and who is either a registered nurse licensed by the Oregon State Board of Nursing or a prescriber. District personnel designated to administer epinephrine, glucagon, and medication to treat adrenal insufficiency shall be trained using related training developed by the Oregon Health Authority (OHA). The

² A registered nurse who is employed by a district or local public health authority to provide nursing services at a district may accept an order from a physician licensed to practice medicine or osteopathy in another state or territory of the U.S. if the order is related to the care or treatment of a student who has been enrolled at the district for not more than 90 days.

first training and every third training thereafter shall be provided in-person³. During subsequent years, designated district personnel may complete an online training so long as a trainer is available following the training to answer questions and provide clarification.

- e. The training for district personnel will provide an overview of applicable provisions of Oregon law, administrative rules, district policy and administrative regulations and include, but not be limited to, discussion of the following: safe storage, administration, handling and disposing of medications; accessibility of medication during an emergency; record keeping; whether response to medication should be monitored by designated personnel and the role of designated personnel in such monitoring; emergency medical response procedures following administration of the medication; confidentiality of health information; and assessment of gained knowledge. Training as recommended and/or approved by ODE will be used.
- f. The district shall maintain documentation of district personnel's completion of training in accordance with OAR 166-400-0010.

3. Administering Premeasured Doses of Epinephrine to a Student or Other Individual

A premeasured dose of epinephrine may be administered by trained district personnel to any student or other individual on district premises who the person believes in good faith is experiencing a severe allergic response, regardless of whether the student or individual has a prescription for epinephrine.

4. Administering Short-Acting Opioid Antagonists

A short-acting opioid antagonist may be administered by any district personnel⁴ to any student or other individual, on school premises who the individual administering the short-acting opioid antagonist believes in good faith is experiencing an overdose of an opioid drug.

The principal shall immediately notify the parent or guardian of a minor student enrolled in a school within the district when a short-acting opioid antagonist is administered to the student while at school, on school property under the jurisdiction of the district or at any activity under the jurisdiction of the district.

The district shall provide to the parent or legal guardian of each minor student enrolled in a school in the district information regarding short-acting opioid antagonists. The information will include at least:

- a. A description of short-acting opioid antagonists and their purpose;
- b. A statement regarding, in an emergency situation, the risks of administering to an individual a short-acting opioid antagonist and the risks of not administering to an individual a short-acting opioid antagonist;

³ An online training may qualify as "in-person" when these measures are met: content is provided via synchronous, interactive online sessions with a trainer and learners visible on screen; trainers must be licensed and work within their scope of practice; and include in-person, skills demonstration for training developed by the Oregon Health Authority for epinephrine, glucagon, and for medication to treat adrenal insufficiency.

⁴ Including district personnel who have not received medication administration training.

- c. A statement identifying which schools in the district, if any, have short-acting opioid antagonists, and the necessary medical supplies to administer short-acting opioid antagonists, onsite and available for emergency situations; and
- d. A statement that a representative of the district may administer a short-acting opioid antagonist to a student in an emergency if the student appears to be unconscious and experiencing an opioid overdose.

5. Administering of Medication to a Student Experiencing Symptoms of Adrenal Crisis

A student experiencing symptoms of adrenal crisis while the student is in school, at a district-sponsored activity, while under the supervision of school personnel, in a before-school or after-school care program on school-owned property and/or in transit to or from a school or a district-sponsored activity, may be treated by designated personnel and shall be subject to the following:

- a. Upon notice of a diagnosis of adrenal insufficiency, as defined in Oregon Administrative Rule (OAR) 581-021-0037, the building principal of the school the student attends will designate one or more district personnel to receive training and be responsible for administering the medication to treat adrenal insufficiency to a student in the event the student exhibits symptoms the district personnel believe in good faith indicate the student is experiencing symptoms of adrenal crisis;
- b. The designated personnel will successfully complete required training to administer medication to treat a student who has adrenal insufficiency and is experiencing symptoms of adrenal crisis;
- c. The student's parent or guardian must provide adequate supply of the student's prescribed medication to the district;
- d. The district will develop an individualized health care plan for the student;
- e. In the event that a student experiences symptoms of adrenal crisis and the designated personnel determines the medication to treat adrenal insufficiency should be administered, any available district staff member will immediately call 911 and the student's parent or guardian.

6. Administering Medication to a Student

- a. A request to permit designated personnel to administer medication to a student may be approved by the district and is subject to the following:
 - (1) A written request for designated personnel to administer prescription medication to a student, if because of the prescribed frequency or schedule, the medication must be given while the student is in school, at a school-sponsored activity, while under the supervision of school personnel and in transit to or from school or a school-sponsored activity, must be submitted to the school office and shall include:
 - (a) The written permission of the student's parent or guardian; and
 - (b) The written instruction from the prescriber for the administration of the medication to the student that includes:
 - (i) Name of the student;
 - (ii) Name of the medication;

- (iii) Method of administration;
- (iv) Dosage;
- (v) Frequency of administration;
- (vi) Other special instructions from the prescriber, if any; and
- (vii) Signature of the prescriber.

The prescription medication is provided in the original prescription packaging by the student's parent or guardian. The prescription label prepared by a pharmacist at the direction of the prescriber, will be sufficient to meet this requirement if it contains the information listed in (i)-(vi) above.

- (2) A written request for designated personnel to administer nonprescription medication to a student must be submitted to the school office and is subject to the following:
 - (a) The nonprescription medication is necessary for the student to remain in school;
 - (b) The nonprescription medication is:
 - (i) Provided in the original manufacturer's container by the student's parent or guardian; or
 - (ii) Is part of the district's stock medication program in compliance with the Oregon Board of Pharmacy rules including OAR 855-035-0005.
 - (c) The written instruction and permission from the student's parent or guardian for the administration of the nonprescription medication⁵ includes:
 - (i) Name of the student;
 - (ii) Name of the medication;
 - (iii) Method of administration;
 - (iv) Dosage;
 - (v) Frequency of administration;
 - (vi) Other special instructions, if any; and
 - (vii) Signature of the student's parent or guardian.

If the written instruction is not consistent with the manufacturer's guidelines for the nonprescription medication, the written instruction must also include a written order allowing the inconsistent administration signed by a prescriber.

- (d) If the nonprescription medication is not approved by the Food and Drug Administration (FDA), a written order from the student's prescriber is required and will include:
 - (i) Name of the student;
 - (ii) Name of the medication;
 - (iii) Dosage;
 - (iv) Method of administration;

⁵ For nonprescription medication that is not approved by the Food and Drug Administration (FDA), see requirements in 6.a.(2)(d).

- (v) Frequency of administration;
 - (vi) A statement that the medication must be administered while the student is in school;
 - (vii) Other special instructions, if any; and
 - (viii) Signature of the prescriber.
 - b. The principal or designee will require an individualized health care plan or allergy plan be developed for every student with a need to manage a known life-threatening allergy. A plan will include protocols for preventing exposures to allergens and procedures for responding to life-threatening allergic responses, and include provisions for administering medication and/or responding to emergency situations while the student is in school, at a school-sponsored activity, under the supervision of school personnel, in a before-school or after-school care program on school-owned property and in transit to or from school or a school-sponsored activity;
 - c. A student being administered a medication may be monitored by designated personnel to monitor the student's response to the medication;
 - d. A determination will be made by the district on if or when the student may self-carry prescription medication if the student has not been approved to self-administer medication;
 - e. It is the student's parent or guardian's responsibility to ensure that an adequate amount of medication is on hand at the school for the duration of the student's need to take medication;
 - f. It is the student's parent or guardian's responsibility to ensure that the school is informed in writing of any changes in medication instructions;
 - g. In the event a student refuses medication, the parent or guardian will be notified immediately. No attempt will be made to administer medication to a student who refuses a medication;
 - h. Any error in administration of a medication will be reported to the parent or guardian immediately and documented on a medication administration record. Errors include, but are not limited to, administering medication to the wrong student, administering the wrong medication, dose, frequency of administration or method of administration;
 - i. Medication shall not be administered until the necessary permission form and written instructions have been submitted and received as required by the district.
7. Administration of Medication by a Student to Themselves
- a. A student, including a student in grade K through 12 with asthma, diabetes, or severe allergies, may be permitted to administer prescription or nonprescription medication to themselves without assistance from designated personnel and is subject to the following:
 - (1) A student must demonstrate the ability, developmentally and behaviorally, to self-administer prescription medication and must have:
 - (a) The written permission from a parent or guardian and other documentation requested by the district must be submitted for self-medication of all prescription medications;
 - (b) If the student has asthma, diabetes, or a severe allergy, a medication that is prescribed by a prescriber and a written treatment plan developed by a prescriber or other Oregon licensed health care professional for managing of the student's asthma, diabetes and/or severe allergy, and directs use by the student while the student is in school, at a school-sponsored activity, while under the supervision of

- school personnel, in a before-school or after-school care program on school-owned property and in transit to or from school or a school-sponsored activity. The prescriber will include acknowledgment that the student has been instructed in the correct and responsible use of the prescribed medication;
- (c) The permission to self-administer the medication from a building administrator and a prescriber or registered nurse practicing in a district setting.
- (2) A student must demonstrate the ability, developmentally and behaviorally, to self-administer nonprescription medication⁶ and must have:
- (a) The written permission of the student's parent or guardian;
 - (b) The student's name affixed to the manufacturer's original container; and
 - (c) The permission to self-administer medication from a building administrator.
- (3) A student must demonstrate the ability, developmentally and behaviorally, to self-administer nonprescription medication that is not approved by the FDA and must have:
- (a) The written permission of the student's parent or guardian; and
 - (b) A written order from the student's prescriber that includes:
 - (i) Name of the student;
 - (ii) Name of the medication;
 - (iii) Dosage;
 - (iv) Method of administration;
 - (v) Frequency of administration;
 - (vi) A statement that the medication must be administered while the student is in school, at a district-sponsored activity, under the supervision of district personnel, or in transit to or from school or district-sponsored activities;
 - (vii) Other special instructions, if any; and
 - (viii) Signature of the prescriber.
- b. A determination will be made by the district on if or when the student may self-carry prescription medication if the student has not been approved to self-administer medication;
 - c. A student may have in their possession only the amount of medication needed for that school day, except for manufacturer's packaging that contains multiple dosage, the student may carry one package, such as, but not limited to, autoinjectable epinephrine or bronchodilators/inhalers;
 - d. The sharing and/or borrowing by a student of any medication with another student is strictly prohibited⁷;
 - e. The district personnel will request backup medication, when the medication is to treat a student's asthma or severe allergy emergency, from the student's parent or guardian. Backup medication, if provided by a student's parent or guardian, will be kept at the student's school in

⁶ For nonprescription medication that is not approved by the Food and Drug Administration (FDA), see requirements in 7.a.(3).

⁷ Except for short-acting opioid antagonists.

- a location to which the student has immediate access in the event the student has an asthma and/or severe allergy emergency;
- f. A student shall not administer medication to themselves until the necessary permission form and written instructions have been submitted as required by the district;
 - g. The permission for a student to administer medication to themselves may be revoked if the student does not responsibly self-administer the medication or abuses the use of the medication as determined by district personnel;
 - h. A student may be subject to discipline, up to and including expulsion, as appropriate for violations of these procedures;
 - i. A student permitted to administer medication to themselves may be monitored by designated personnel to monitor the student's response to the medication;
 - j. The district allows the application of and use by students of nonprescription sunscreen, including sunscreen that contains para-aminobenzoic acid, without any required documentation from a licensed health care professional per ORS 339.874.
8. Handling, Monitoring and Safe Storage of Medication Supplies for Administration of Medication
- a. Any medication must be delivered to the school in its original manufacturer's or current prescription container, accompanied by the permission form and written instructions, as required above.
 - b. Prescription medication must always be the most current prescription and kept in the original, labeled container.
 - c. Nonprescription medication must be kept in original manufacturer's bottle or box.
 - d. Never administer medication sent to school in unlabeled containers.
 - e. Medication in any form categorized as a sedative, stimulant, anti-convulsive, narcotic analgesic or psychotropic medication will be counted or measured by designated personnel or parent or guardian in the presence of another district employee upon receipt and initialed by the two individuals who counted or witnessed the procedure, documented in the student's medication administration record (MAR) and routinely monitored during storage and administration. Any discrepancies will be reported to the district nurse or principal immediately and documented in the student's MAR. For such medication not in capsule or tablet form, standard measuring and monitoring procedures will apply.
 - f. Designated personnel will follow the written instructions of the prescriber and the student's parent or guardian, and training guidelines as may be recommended by ODE for administering all forms of prescription and/or nonprescription medications.
 - g. Medication will be secured as follows:
 - (1) Nonrefrigerated medications will be stored in a locked cabinet, drawer or box in a secure area;
 - (2) Medications requiring refrigeration will be stored in a locked box in a refrigerator or in a separate refrigerator used solely for the storage of medication in a secure area;
 - (3) Access to medication storage keys will be limited to the principal and designated personnel.
 - h. Designated personnel will be responsible for monitoring all medication supplies and for ensuring medication is secure at all times, not left unattended after administering and that the medication container is properly sealed and returned to storage.

- i. When medication is running low or an inadequate dosage is on hand to administer the medication, the designated personnel will notify the student's parent or guardian immediately.

9. Emergency Response

- a. Designated personnel will immediately call 911 or other appropriate emergency medical response systems and administer first aid, as necessary, in the event of life-threatening side effects and allergic reactions, including the administration of epinephrine. The parent or guardian, district nurse, and principal will be notified immediately.
- b. Adverse reactions which result from district-administered medication or from student self-medication will be reported to the parent or guardian immediately.
- c. Any available district staff will immediately call 911 and the student's parent or guardian if the designated personnel believes the student is experiencing symptoms of adrenal crisis and plans to administer medication.
- d. Any available staff will immediately call 911 when a short-acting opioid antagonist is administered to any student or other individual on district premises.

10. Disposal of Medications

- a. Medication not picked up by the student's parent or guardian, at the end of the school year or within five school days of the end of the medication period, whichever is earlier, will be disposed of by designated personnel in the presence of another school employee. The medication may be disposed through a designated drug take-back collection program or in a nonrecoverable fashion as follows:
 - (1) Medication will be removed from its original container and personal information will be destroyed;
 - (2) Mix with an undesirable substance, e.g., coffee grounds, used cat litter;
 - (3) Place in a plastic bag or other sealable container, e.g., such as an empty plastic container; and
 - (4) Place the sealed container with the mixture in the trash as close to garbage pickup time as possible, to prevent theft and misuse.
- b. Prescriptions will never be flushed down the toilet or drain or burnt with other waste.
- c. Sharps and glass will be disposed of in accordance with state guidelines.
- d. All medication will be disposed of by designated personnel following DEQ guidelines and documented on the student's MAR as described below.

11. Transcribing, Recording and Record Keeping

- a. A medication administration record (MAR) will be maintained for each student administered medication by the district. The MAR will be in paper⁸ or electronic form and will include, but not be limited to:

⁸ If a paper record is kept, the record will be documented in blue or black ink, and never in pencil or with use of white-out.

- (1) The full name of the student, date of birth, name of medication, dosage, method of administration, date and time of administration, frequency of administration and the name of the person administering the medication;
 - (2) Student refusals of medication;
 - (3) Errors in administration of medication;
 - (4) Incidents of emergency and minor adverse reaction by a student to medication;
 - (5) Discrepancies in medication supply;
 - (6) Disposal of medication including date, quantity, manner in which the medication was destroyed and the signature of the staff involved.
- b. A MAR for medication administered as part of an IEP goal should be maintained in the IEP record at the end of each school year.
 - c. All records relating to administration of medications, including permissions and written instructions, will be maintained. Records will be retained in accordance with applicable provisions of OAR 166-400-0010(17) and OAR 166-400-0060(29).
 - d. All records relating to the training of designated district personnel will be maintained by the district in accordance with applicable provisions of OAR 166-400-0010.
 - e. Student health information will be kept confidential. Access shall be limited to those designated personnel authorized to administer medication to students, the student and their parent or guardian. Information may be shared with school personnel with a legitimate educational interest in the student or others authorized by the parent or guardian in writing or others as allowed under state and federal law.

Non-liability Provisions for Administration of Prescription and Nonprescription Medications and Short-Acting Opioid Antagonists

A school administrator, teacher or other school employee designated by the school administrator is not liable in a criminal action or for civil damages as a result of the administration of nonprescription medication, if the school administrator, teacher or other school employee in good faith administers nonprescription medication to a student pursuant to written permission and instructions of the student's parents or guardian.

A school administrator, teacher or other school employee designated by the school administrator is not liable in a criminal action or for civil damages as a result of the administration of prescription medication, if the school administrator, teacher or other school employee in compliance with the instructions of a physician, physician assistant, nurse practitioner, naturopathic physician or clinical nurse specialist, in good faith administers prescription medication to a student pursuant to written permission and instructions of the student's parents or guardian.

A person may not maintain an action for injury, death or loss that results from acts or omissions of a school administrator, teacher or other school employee during the administration of a short-acting opioid antagonist unless it is alleged and proved by the complaining party that the school administrator, teacher or other school employee was grossly negligent in administering the short-acting opioid antagonist unless other conditions exist and which are outlined in Oregon law in ORS 339.870.

The civil and criminal immunities provided for above do not apply to an act or omission accounting to gross negligence or willful and wanton misconduct.

Non-Liability Provisions for Self-Administration and Autoinjectable Epinephrine

A school administrator, school nurse, teacher or other school employee designated by the school administrator is not liable in a criminal action or for civil damages as a result of a student's self-administration of medication, as described in ORS 339.866, if the school administrator, school nurse, teacher or other school employee, in compliance with the instructions of the student's Oregon licensed health care professional, in good faith assists the student's self-administration of the medication, if the medication is available to the student pursuant to written permission and instructions of the student's parent, guardian or Oregon licensed health care professional.

A school administrator, school nurse, teacher or other school employee designated by the school administrator is not liable in a criminal action or for civil damages as a result of the use of medication if the school administrator, school nurse, teacher or other school employee in good faith administers autoinjectable epinephrine to a student or other individual with a severe allergy who is unable to self-administer the medication regardless of whether the student or individual has a prescription for epinephrine.

The district and the members of a district Board are not liable in a criminal action or for civil damages as a result of the use of medication if any person in good faith administers autoinjectable epinephrine to a student or other individual with a severe allergy who is unable to self-administer the medication, regardless of whether the student or individual has a prescription for epinephrine; and the person administered the autoinjectable epinephrine on school premises, including at a school, on school property under the jurisdiction of the district or at an activity under the jurisdiction of the district.

The civil and criminal immunities described above (which are identified in ORS 339.871) do not apply to an act or omission to gross negligence or willful and wanton misconduct.



EXECUTIVE SUMMARY

| | |
|-----------------------|--|
| Meeting Date: | April 10, 2025 |
| Agenda Item: | Staff Assignment Report |
| Item Type: | Report |
| Administrator: | Janel Reed |
| Objective: | Approve new licensed and administrative staff. |

Background:

Under current Board policy, one responsibility of the Board is to approve the hiring of licensed and administrative staff. The Staff Assignment Report includes that information, as well as any retirements or resignations.

Additional Materials: Staff Assignment Report (to be provided prior to the meeting)

Recommendation: Administration recommends approval of the new hires.

Suggested Motion: A formal motion is not required if approved with the consent agenda.

**Medford School District Staff Assignment
School Board Meeting, April 10, 2025**

Recommendation for election to the position of Temporary Teacher for the 2024-25 school year:

| Employee Name | School/Location | Position | University/College |
|-------------------|----------------------------|----------------------|----------------------------|
| Hufford, Jacob | McLoughlin Middle School | Health | Southern Oregon University |
| Scull, Joshua | Abraham Lincoln Elementary | Elementary - Grade 5 | Southern Oregon University |
| Thomas, Julimarie | Innovation Academy | Math | Southern Oregon University |

Recommendation for election to the position of Teacher for the 2025-26 school year:

| Employee Name | School/Location | Position | University/College |
|-----------------------|--------------------------|------------------------------------|-------------------------------------|
| Clark, Devin | Hedrick Middle School | PE and Health | Eastern Washington University |
| Dobb, Collin | Innovation Academy | Social Studies & English Lang Arts | California State University - Chico |
| Dufresne, Jill | Oakdale Middle School | Math - 8th Grade | Southern Oregon University |
| Exum, Katie | Roosevelt Elementary | Elementary - Grade 4 | Portland State University |
| Grove, Mary | Hoover Elementary | Elementary - Grade 4 | Willamette University |
| Gutierrez, Darcie | Innovation Academy | Social Studies & English Lang Arts | Western Oregon University |
| Hood-Denman, Michelle | Oakdale Middle School | Counselor | Southern Oregon University |
| Stephens, Jaeden | McLoughlin Middle School | Social Studies | University of Oregon |

Resignations:

| Employee Name | School/Location | Position | Effective Date |
|-----------------|--------------------------|--------------------------------|----------------|
| Goodrich, Tracy | McLoughlin Middle School | Special Education | 06.09.2025 |
| Grove, Mary | Hoover Elementary | Long-term substitute - Grade 3 | 03.31.2025 |

Retirements:

| Employee Name | School/Location | Position | Effective Date |
|-----------------|----------------------------|----------------------|----------------|
| Sweet, Jennifer | Abraham Lincoln Elementary | Elementary - Grade 4 | 06.30.2025 |



EXECUTIVE SUMMARY

| | |
|-----------------------|--|
| Meeting Date: | April 10, 2025 |
| Agenda Item: | Consideration for approval of minutes from previous meeting(s) |
| Item Type: | Minutes |
| Administrator: | Bret Champion, Jodi Fahy |
| Objective: | Approve meeting minutes |

Background: School Board policies BDDG and BDDC indicate the Board shall provide for the taking of written minutes of all its meetings, and that the minutes shall be available to the public after approval by the Board.

Additional Materials: Draft minutes for the Board meeting held on March 20, 2025.

Recommendation: Approve the minutes included with the consent agenda.

Suggested Motion: A formal motion is not required if approved with the consent agenda.



Regular Meeting of the Board of Education

Thursday, March 20, 2025 5:30 PM

Oakdale Middle School Room 230
815 S. Oakdale Ave.
Medford, OR 97501

Michelle Atkinson: Present
Lilia Caballero: Present
Kendell Ferguson: Present
Jeff Kinsella: Present
Suzanne Messer: Present
Michael Williams: Present
Cynthia Wright: Present

A video recording of the Board meeting can be found on the district website at [this link](#). The slide presentation can be viewed by clicking on Extras listed next to the meeting at [this link](#).

1. Call to Order / Pledge of Allegiance / Roll Call

Board Chair Cynthia Wright called the meeting to order at 5:30 PM and led the Pledge of Allegiance. Roll was called.

Chair Wright welcomed the public and stated the district's vision statement.

2. Agenda Adjustments and Approval

Hearing no objections, the agenda was approved by unanimous consent.

3. Recognitions

3.a. Future Health Professionals State Leadership Placers

Career Learning Coordinator Larina Warnock read a statement from the North Medford High School (NMHS) Health Careers Pathway Teacher and Health Occupation Students of America Advisor Jenna Kurka regarding the thriving Health Sciences Pathway and accomplishments of the student placers. NMHS Principal Allen Barber presented the students with certificates of recognition.

3.b. Wrestling State Championships

NMHS Wrestling Coach Tony Champion thanked the high school administrators for supporting the program and spoke regarding the accomplishments of the state placers.

South Medford Wrestling Coaches James Schumack and Kailey Fowlkes spoke regarding the success of the program and student athletes, and presented the state placers with certificates of recognition.

4. Recess

The Board took a short break to take photos with those recognized.

5. Budget Committee Orientation

A round of introductions took place. Assistant Superintendent of Operations Brad Earl provided an orientation that included a financial update, financial outlook, roles and responsibilities of budget committee members, and general fund resources and requirements. He encouraged the members to reach out if they have any questions throughout the budget process.

6. NMHS Gymnasium Update

Facilities Manager Andy Chasteen provided an update on the parking lot, storage and changing spaces, engineer assessment, demolition process, on-site security, temporary facility possibilities, and next steps.

Board Directors put forth questions and comments regarding the effects of other projects in the district with the focus and time at NMHS, and expressed concern for asbestos exposure.

The Board took a brief recess.

7. Citizen Comments

Corbi Lima/Parent/Thanked the Board for what they do and expressed hope for Board unity; commented on closely following the Board elections.

Julie Brooksby/Parent/Spoke in support of Superintendent Champion and his vision; encouraged Board members to be good examples and come together for the community.

Jill Hall/Parent/Expressed gratitude for Superintendent Champion and the leadership team; listed the programs and opportunities created during his tenure; and thanked the Board for keeping children the priority for decision making.

Molly Mitton/Parent/Former employee/Expressed concern for the treatment of classified employees based on her experience with a medical leave.

Nathanael Swan/Parent/Spoke regarding Superintendent Champion's resignation; rights denied; and encouraged the new Board to be accountable.

Mindy Wamack/Patron/Shared ideas for temporary placement of activities following NMHS gymnasium collapse; requested information on the seismic retrofit of the gym; and shared her opinion on the interim superintendent contract.

Angela Zbikowski/Parent/Encouraged the Board and public to commit to changing the conversation; restoring civility; working together; and refocusing on students.

Sunny Spicer/Parent/Community Partner/Thanked Superintendent Champion for his leadership, shared highlights of positive outcomes during his role as superintendent.

Sandra LaNier McHenry/Parent/Shared she was running for School Board; encouraged putting the focus back on the students; and advocated for more communication with the community.

Ryan Hungerford/Parent/Commended the devoted teachers, staff and administrators in the district; expressed appreciation for Superintendent Champion's vision and public service; and encouraged the Board to become focused on the students.

8. Items for Information & Discussion / Board Action Items

8.a. Budget Amendment #2024-25-2

MOTION: I move to approve Budget Amendment #2024-25-2 as presented. This motion, made by Jeff Kinsella and seconded by Kendell Ferguson, passed.

Roll call vote:

Atkinson: Yea, Messer: Yea, Kinsella: Yea, Williams: Yea, Caballero: Yea, Ferguson: Yea, Wright: Yea

Yea: 7, Nay: 0

Motion carried unanimously.

8.b. Interim Superintendent Contract Approval

MOTION: I move to approve the interim superintendent contract for Jeanne Grazioli. This motion, made by Suzanne Messer and seconded by Lilia Caballero, passed.

Discussion: A discussion took place regarding the process for determining the salary range for the contract.

Roll call vote:

Kinsella: Yea, Williams: Yea, Atkinson: Yea, Caballero: Yea, Ferguson: Yea, Messer: Yea, Wright: Yea

Yea: 7, Nay: 0

Motion carried unanimously.

8.c. ODE Integrated Plan Approval

MOTION: I move to approve the Medford School District's 2025-27 Integrated Guidance Plan and Budgets as presented. This motion, made by Suzanne Messer and seconded by Jeff Kinsella, passed.

Roll call vote:

Messer: Yea, Caballero: Yea, Kinsella: Yea, Atkinson: Yea, Ferguson: Yea, Williams: Yea, Wright: Yea

Yea: 7, Nay: 0

Motion carried unanimously.

8.d. School Board Policies - *second reading*

MOTION: I move to approve the March 20th policy packet as presented. This motion, made by Lilia Caballero and seconded by Jeff Kinsella, passed.

Roll call vote:

Williams: Yea, Kinsella: Yea, Ferguson: Yea, Messer: Yea, Atkinson: Yea, Caballero: Yea, Wright: Yea

Yea: 7, Nay: 0

Motion carried unanimously.

8.e. Follow-up/Action - Complaint against Board Member

Chair Wright acknowledged the next agenda item was a follow-up to a complaint filed against her and therefore she would turn the meeting over to Vice Chair Kendell Ferguson. Vice Chair Ferguson referred to the complaint that was addressed on February 20 where the Board found Chair Wright violated Board Policy BBF. Vice Chair Ferguson proposed that no further action be taken against Chair Wright and opened the floor for discussion.

Topics of discussion included moving on; focusing on students; reminder that they are held to a high standard in the public; and leading with kindness.

MOTION: I move that no further action be taken against Board Chair Wright in connection with the finding that she violated Board Policy BBF. This motion, made by Suzanne Messer and seconded by Kendell Ferguson, passed.

Roll call vote:

Messer: Yea, Caballero: Yea, Atkinson: Yea, Ferguson: Yea, Kinsella: Yea, Williams: Abstain, Wright: Yea

Yea: 6, Nay: 0, Abstain: 1

Motion carried.

8.f. Complaints against Board Member

Paul Cynar Complaint

(The complaint and email response can be found on the district website at [this link.](#))

Vice Chair Ferguson explained the Board recently received two additional complaints from members of the public; one from Paul Cynar and one from Russ Kautz. She went on to share that both of the complaints were emailed to the entire Board and each Board member had the opportunity to review the complaints. She added that pursuant to Board Policy KL, complaints against a Board member are to be presented to the Board and the Board is to decide if any action is warranted with respect to the complaint. Vice Chair Ferguson asked Attorney Thad Pauck to provide some guidance to the Board in connection with its discussion of what action, if any, to take on the complaints.

Attorney Pauck went through the specifics of the complaint filed by Cynar and discussed whether the email from Chair Wright constituted harassment as alleged in the complaint or violated his rights under Board policy and the collective bargaining agreement. He gave his opinion that the email does not constitute harassment under Policy GBNA, violate Policy GBC, and that filing a complaint under KL is not the appropriate remedy for an alleged violation of the collective bargaining agreement. Attorney Pauck recommend the Board adopt a motion, following a discussion, that the complaint be found unsubstantiated, and be dismissed without further action.

Discussion: Board Directors discussed the complaint and response; the perception of racism in the community; and the need to move forward and work together.

MOTION: I move that the complaint from Paul Cynar filed against Board Chair Wright has found to be unsubstantiated, and that the complaint be dismissed without further action, and that the Board's attorney prepare a final written decision to be sent to Mr. Cynar pursuant to Board Policy KL. This motion, made by Suzanne Messer and seconded by Jeff Kinsella, passed.

Roll call vote: Messer: Yea, Caballero: Yea, Atkinson: Yea, Ferguson: Yea, Kinsella: Yea, Williams: Yea, Wright: Yea

Yea: 7, Nay: 0

Motion carried unanimously.

Russ Kautz Complaint

(The complaint can be found on the district website at [this link.](#))

Attorney Pauck went through the specifics of the complaint filed by Russ Kautz and discussed whether the communications between Chair Wright and the other Board

members prior to the March 6 meeting constituted an impermissible serial communication or serial meeting. He handed out a document citing public meeting laws, reviewed the applicable statutes, and cited Policy BCB that states the Board Chair assists the superintendent in establishing agenda items. He gave an opinion that the communications appeared to have been related to the scheduling of an agenda item and therefore would not be considered a serial communication since it did not involve deliberation or decision-making. Attorney Pauck provided an opportunity for Board members to share if the communication from Chair Wright went beyond scheduling of an agenda item. No one responded. He went on to recommend that the Board adopt a motion that the complaint was found to have been unsubstantiated, and that it be dismissed without further action.

MOTION: I move that the complaint from Russ Kautz against Board Chair Wright has been found to be unsubstantiated, and that the complaint be dismissed without further action, and that the Board's attorney prepare a final written decision to be sent to Mr. Kautz pursuant to Board Policy KL. This motion, made by Suzanne Messer and seconded by Jeff Kinsella, passed.

Discussion: A discussion took place regarding a March 7 Town Hall meeting (not hosted by the district or Board) where a speaker requested that someone file a complaint against Board Chair Wright. A recommendation was put forth for Board training on Public Meeting Laws, provided by Oregon School Boards Association.

Roll call vote:

Kinsella: Yea, Williams: Yea, Caballero: Yea, Messer: Yea, Ferguson: Yea, Atkinson: Yea, Wright: Yea

Yea: 7, Nay: 0

Motion carried unanimously.

9. Consent Agenda

9.a. Staff Report

9.b. Minutes from previous Board meeting

Hearing no objections, the consent agenda was approved by unanimous consent.

10. Announcements

10.a. April 3 - Budget Committee Meeting at Oakdale Middle School - 5:30 PM

10.b. April 10 - Work Session at Oakdale Middle School - 5:30 PM

Chair Wright noted the Budget Committee Meeting scheduled for April 3 and the Work Session scheduled for April 10 at Oakdale Middle School.

11. Adjournment

There being no further business before the Board, the meeting was adjourned at 7:55 PM.

Chair of the District School Board
Medford School District

ATTEST:

Superintendent-Clerk

DRAFT



EXECUTIVE SUMMARY

| | |
|-----------------------|---|
| Meeting Date: | April 10, 2025 |
| Agenda Item: | Annual Foreign Exchange Program |
| Item Type: | Consent Agenda |
| Administrator: | Jeanne Grazioli |
| Objective: | Approve Foreign Exchange Programs for the 2025-26 School Year |

Background: School Board policy JECBA states that the district shall accept, without tuition, students from other countries who are participating in exchange programs officially recognized by the Board. Each year, we bring recommended programs for Board approval.

Additional Materials: None

Recommendation: Approve foreign exchange programs listed below for the 2025-2026 school year.

- Council for Educational Travel USC (CETUSA)
- Greenheart Exchange
- International Cultural Exchange Services (ICES)
- International Student Exchange (ISE)
- Pan Atlantic Foundation
- Rotary Youth Exchange District 5110

Suggested Motion: A formal motion is not required if approved with the consent agenda.