

516 STUDENT MEDICATION

[Note: The necessary provisions for complying with Minn. Stat. §§ 121A.22, Administration of Drugs and Medicine, and 121A.221, Possession and Use of Asthma Inhalers by Asthmatic Students, are included in this policy. The statutes do not regulate administration of drugs and medicine for students age 18 and over or nonprescription medications. Please note that §121A.22 does not require school districts to apply the administration of medication rule to drugs or medicine used off school grounds, drugs or medicines used in connection with athletics or extra-curricular activities, and drugs and medicines that are used in connection with activities that occur before or after the regular school day.]

I. PURPOSE

The purpose of this policy is to set forth the provisions that must be followed when administering non-emergency prescription medication to students at school.

II. GENERAL STATEMENT OF POLICY

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

III. REQUIREMENTS

- A. The administration of prescription medication or drugs at school requires a completed signed request from the student's parent. The school district may rely on an oral parent request for up to two school days, after which a written authorization is required.
- B. An "Administering Prescription Medications" form must be completed annually (once per school year) and/or when a change in the prescription or requirements for administration occurs.
- C. Prescription medication must come to school in the original container labeled for the student by a pharmacist in accordance with law, and must be administered in a manner consistent with the instructions on the label.

- D. The school nurse may request to receive further information about the prescription, if needed, prior to administration of the substance.
- E. Prescription medications are not to be carried by the student, but will be left with the appropriate school district personnel. Exceptions to this requirement are: prescription asthma medications self-administered with an inhaler (See Part J5 below), and medications administered as noted in a written agreement between the school district and the parent or as specified in an IEP (individual education plan) or IHP (individual health plan).
- F. The school must be notified immediately by the parent or student 18 years old or older in writing of any change in the student's prescription medication administration. A new medical authorization or container label with new pharmacy instructions shall be required immediately as well.
- G. For drugs or medicine used by children with a disability, administration may be as provided in the IEP, Section 504 plan, or IHP.
- H. The school nurse, or other designated person, shall be responsible for the filing of the Administering Prescription Medications form in the health records section of the student file. The school nurse, or other designated person, shall be responsible for providing a copy of such form to the principal and to other personnel designated to administer the medication.
- I. Procedures for administration of drugs and medicine at school and school activities shall be developed in consultation with a school nurse, a licensed school nurse, or a public or private health organization or other appropriate party (if appropriately contracted by the school district under Minn. Stat. § 121A.21). The school district administration shall submit these procedures and any additional guidelines and procedures necessary to implement this policy to the school board for approval. Upon approval by the school board, such guidelines and procedures shall be an addendum to this policy.

Addendum: Refer to the Renville County Policies Regarding Medications for Schools Served Under Contract.

- J. Specific Exceptions:
 - 1. Special health treatments such as catheterization, tracheostomy suctioning, and gastrostomy feedings do not constitute administration of drugs and medicine;
 - 2. Emergency health procedures, including emergency administration of drugs and medicine are not subject to this policy;

3. Drugs or medicine provided or administered by a public health agency to prevent or control an illness or a disease outbreak are not governed by this policy;
4. Drugs or medicines used at school in connection with services for which a minor may give effective consent are not governed by this policy;
5. Drugs or medicines that are prescription asthma or reactive airway disease medications can be self-administered by a student with an asthma inhaler if:
 - a. the district has received a written authorization from the pupil's parent permitting the student to self-administer the medication;
 - b. the inhaler is properly labeled for that student; and
 - c. the parent has not requested school personnel to administer the medication to the student.

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

If the School District employs a school nurse or provides school nursing services under another arrangement, the school nurse or other appropriate party must assess the student's knowledge and skills to safely possess and use an asthma inhaler in a school setting and enter into the student's school health record a plan to implement safe possession and use of asthma inhalers;

6. Medications:
 - a. that are used off school grounds;
 - b. that are used in connection with athletics or extracurricular activities; or
 - c. that are used in connection with activities that occur before or after the regular school day are not governed by this policy.

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

7. Nonprescription Medication. Non-prescription medications will be administered by school personnel.
- K. “Parent” for students 18 years old or older is the student.

Legal References: Minn. Stat. § 13.02, subd. 8 (Student Records Regarding Health)
Minn. Stat. § 121A.21 (Hiring of Health Personnel)
Minn. Stat. § 121A.22 (Administration of Drugs and Medicine)
Minn. Stat. § 121A.221 (Possession and Use of Asthma Inhalers by Asthmatic Students)
Minn. Stat. § 151.212 (Label of Prescription Drug Containers)
20 U.S.C. 1401, et seq. (IDEA)
29 U.S.C. 794, et. seq. (Section 504)

Cross References: MSBA/MASA Model Policy 418 (Drug-Free Workplace/Drug Free School)

Addendum

RENVILLE COUNTY POLICIES REGARDING MEDICATIONS FOR SCHOOLS SERVED UNDER CONTRACT

MEDICATION PROCEDURE

Under usual circumstances, school personnel should give medication, including over-the counter medication, to children. The purpose of administering medication in school is to assist students who require medication during school hours to maintain an optimal state of health and, therefore, enhance their educational program. Whenever possible, parents should make alternative arrangements so that it is not necessary for school personnel to administer medications to students.

PARENT RESPONSIBILITY FOR PRESCRIPTION DRUGS

A student requiring medication shall be identified by the parent or guardian to the Public Health Nurse and principal. Written authorization from the parent and physician is needed to authorize the school to give the medication in the dosage prescribed by the physician. It is the parent's responsibility to inform the Public Health Nurse and principal in writing of changes in dosages or a termination date for administering medication. Changes must have a physician's signature. Verbal requests will not be accepted.

Parents or guardians are required to supply the medication in the original container labeled by the pharmacy or physician. The container will be labeled with the student's name, name of medication, dose to be given, frequency and time it is to be given, the name of the prescribing physician, and the date the medication was obtained. A duplicate bottle should be provided to the school so that one is kept at school and one at home. The parent will provide a new label when a change occurs.

The pharmacy label will be accepted as the written order for medication that is to be administered for two weeks or less. A written statement from the physician shall be required for long-term medications.

NON-PRESCRIPTION MEDICATION

Non-prescription medication will be administered by school personnel.

SELF-ADMINISTRATION

Self-responsibility for prescription medication is encouraged. If the student can demonstrate proper administration of the medication, and if the parent or guardian and Public Health Nurse agree it is appropriate for the student to self-administer the medication, the student will be allowed to carry and self-administer the medication.

STORAGE OF MEDICATION

Medication will be stored under locked protection in the school health office or in a location approved by the principal and the Public Health Nurse.

RECORD OF ADMINISTRATION OF MEDICATIONS

A written record of the school's administration of the prescription medication at school shall be kept, including the student's name, medication, date and time given, and the initials of the person administering.

SUPERVISION

The Public Health Nurse and principal will designate an appropriate school staff member to personally supervise the student taking the medication. Renville County Public Health staff or the medical consultant will be available by phone to give assistance in carrying out the medications policy.

Addendum

Handbook Clarification: The following procedure is an addendum to MSBA Policy 516. The full policy can be reviewed in the District School Board Policy Manual.

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