

6003-1 School Administered Medication

It is the policy of the Duncan Board of Education that if a student is required to take either prescription medication or non-prescription/over-the-counter medication during school hours and the student's parent or guardian cannot be at school to administer the medication or if circumstances exist that indicate it is in the best interest of the student that medication be dispensed by the school to that student, the school nurse coordinator, licensed nurse or nurse's aide, and the principal or a principal's designee, may administer the medication only as follows:

1. **A. Prescription medication must be in an original container/vial issued by a pharmacy** that indicates the following information:

- Student's name,
- Name and strength of medication,
- Dosage and directions for administration,
- Name of the prescribing physician or dentist, and
- The date of the filling of the prescription and the name of the pharmacy.

B. Non-prescription/over-the-counter medication must be in its original packaging or container.

The medication must be delivered to the principal's office in person by the parent or guardian of the student. The medication must be accompanied by the written authorization from the parent, guardian, or person having legal custody of the student and the student's physician that indicates the following:

- Purpose of medication,
- Time(s) to be administered,
- Termination date for administering the medication, and
- Other appropriate information requested by the school nurse coordinator, a licensed nurse or nurse's aide, the principal or a principal's designee.

The form of such written authorization is set forth in Section 6003-2 below.

The medication shall only be administered consistent with the instructions set forth in writing by the student's physician.

2. The school nurse coordinator, licensed nurse, nurse's aide, principal, or principal's designee will:
 - Inform appropriate school personnel of the medication being administered;
 - Keep an accurate record of the administration of the medication;
 - Keep all medication in a locked cabinet; and
 - Return unused prescription to the parent or guardian only.
3. The parent, guardian, or person having legal custody of the student is responsible for informing the school nurse coordinator, licensed nurse, nurse's aide, the principal or a principal's designee, of any change in the student's health or change in medication.

The policies set forth in this section 6003-1 shall have no application to self-administered medications. In this regard, see section 6003-3 herein.

This policy statement will be provided to a parent or guardian upon receipt of a request.

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08/08/2003	07/30/2008

6003-2 Parental Authorization to Administer School Administered Medicine

The following authorization form shall be fully completed by the student's physician and parent or legal guardian prior to the school's administration of medicine to any student:

**Duncan Public Schools
School Administered Medication Authorization Form**

This form must be completed by a parent or legal guardian of the student before prescription or non-prescription medicine will be administered by school personnel. All medicine will be administered in accordance with the Board of Education policy on dispensing medicines and only by the school nurse coordinator, a licensed nurse, a nurse's aide, building principal or other school employees properly designated.

Student's Name _____

School: _____

Name of parent or legal guardian: _____

Other emergency contact phone number: _____

1. Medication	Dose	Frequency
_____	_____	_____

Instructions

Purpose/Reason for Administration

2. Medication	Dose	Frequency
_____	_____	_____

Instructions

Purpose/Reason for Administration

I am the personal physician of the above student and agree that the medication(s) listed above need to be taken by the student while in attendance at school. Furthermore, these medications can be conveniently administered without assistance of a person trained in the medical profession.

_____ Physician's Signature	_____ Date
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_____ Physicians Printed Name	_____ Phone
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Parental Authorization

The undersigned is the parent with legal custody, the legal guardian or an individual assuming permanent care and custody of the above named student, who is attending a Duncan, Oklahoma, public school. This student requires medication at intervals during the school day. I hereby request and give my consent and authorization for the school nurse coordinator, a licensed nurse, a nurse's aide, the school principal or other designated employee of the school to administer to the above student the above medication in the manner directed by the student's personal physician above.

I have read and familiarized myself with the specific conditions set forth below and agree to the same.

Parent or Legal Guardian's Signature

Date

Signature of School Witness

Date

Conditions

1. All medicine will be administered in accordance with the Duncan Public School Board of Education policy on dispensing medicines and only by the school nurse coordinator, a licensed nurse, a nurse's aide, building principal or other school employees who have been properly designated.
2. **A new form must be completed each school year and for any change in medication administration.**
3. School personnel are not responsible for notifying the student of the time to take medication.
4. Prescription Medication: The pharmacist should prepare an extra package/vial for school use, which such package/vial must be properly labeled with the student's name, the name and strength of the medication, the dosage and directions for administration, the name of the prescribing physician or dentist, the date the prescription was filled and the name and address of the pharmacy. **ANY PRESCRIPTION MEDICATION NOT PROPERLY LABELED WILL NOT BE ADMINISTERED BY SCHOOL PERSONNEL.**
5. Non-prescription/Over-The-Counter Medications: Non-prescription or over-the-counter medications must be in its original container or packaging and will be administered only in compliance with the written directions of the student's physician. **ANY NON-PRESCRIPTION/OVER-THE-COUNTER MEDICATION NOT IN ITS ORIGINAL CONTAINER OR PACKAGING WILL NOT BE ADMINISTERED BY SCHOOL PERSONNEL.**

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6003-3 Self-Administration of Medication

In compliance with state law, the Duncan Public Schools permit the self-administration of insulin or glucagon for a diabetic student, inhaled asthma medication by a student for treatment of asthma and anaphylaxis medication by a student for treatment of anaphylaxis. All other self-administered medication are prohibited and will fall within the policies set forth in **Section 6003-1** above. The parent or guardian of the student must provide the school district with written authorization for the student to self-administer the insulin, glucagon, and asthma or anaphylaxis medication. The parent or legal guardian must also provide a written statement from the physician treating the student that the student has diabetes, asthma or anaphylaxis and is capable of, and has been instructed in the proper method of, self-administration of the medication. Additionally:

1. The parent or guardian must provide the school with an emergency supply of the student's medication to be administered as authorized by state law.
2. The school district will inform the parent or guardian of the student, in writing, and the parent or guardian shall sign a statement acknowledging, that the school district and its employees and agents shall incur no liability as a result of any injury arising from the self-administration of medication by the student.
3. Permission for the self-administration of insulin, glucagon, and asthma or anaphylaxis medication is effective for the school year for which it is granted and shall be renewed each subsequent school year upon fulfillment of the above requirements.
4. A student who is permitted to self-administer insulin, glucagon, asthma or anaphylaxis medication shall be permitted to possess and use an insulin or glucagon delivery device, a prescribed inhaler or anaphylaxis medication, including, but not limited to, and EpiPhrine Injector, at all times.
5. Definitions:
 - A. **"Medication"** means insulin or glucagon prescribed by a physician to treat diabetes, a metered dose inhaler or a dry powder inhaler to alleviate asthmatic symptoms, prescribed by a physician and having an individual label.
 - B. **"Self-administration"** means a student's use of medication pursuant to prescription or written direction from a physician.

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6003-4 Parental Authorization to Administer Self Administered Medicine

A student that has submitted a fully executed Diabetes Medical Management Plan is authorized to possess and use self administered insulin and glucagon without the need of submitting the authorization form set forth below. Subject to the preceding exception, the following authorization form shall be fully completed by the student's possession or use of self administered insulin, glucagon, asthma or anaphylaxis medicine at school:

Student's Name: _____

School: _____

Name of parent or legal guardian: _____

Home/Cell Phone of parent or legal guardian: _____ **Other Emergency Contact #** _____

Medication(s): _____

I am the personal physician of the above student and agree that the student listed above has diabetes, asthma or anaphylaxis (Circle One) and is capable of, and has been instructed in the proper method of, self-administration of the above medication needed to treat the condition.

Physician's Signature

Date

Physician's Printed Name

Phone

Parental Authorization

The undersigned is the parent with legal custody, the legal guardian or an individual assuming permanent care and custody of the above named student, who is attending a Duncan, Oklahoma, public school. This student has diabetes, asthma or anaphylaxis (circle which one applies) and is capable of and has been instructed in the proper method of self-administration or medication to treat the condition. I do hereby request and give my consent and authorization to this student's self-administration of medication to treat the condition. I acknowledge that the school district shall incur no liability as a result of any injury arising from the self-administration of medication by the student. I agree to provide the school with an emergency supply of the student's medication. I acknowledge that the permission for self-administration of the medication is effective with this current school year and must be renewed each subsequent school year by the undersigned.

Parent or Legal Guardian's Signature

Date

Signature of School Witness

Date

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6003-5 Log of the Administration of Medicine - Form available at sites.

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