

Fort Cobb-Broxtton Public Schools

P.O. Box 130 Ft Cobb, Ok 73038 (405)643-3110

MEDICATION: ADMINISTERING TO STUDENTS

It is the policy of the Fort Cobb-Broxtton Board of Education that if a student is required to take medication during school hours and the 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 a nonprescribed medication be dispensed to that student, the principal, or the principal's designee, may administer the medication only as follows:

1. Prescription medication must be in the original prescription container that indicates the following :
 - a. student's name
 - b. name and strength of medication
 - c. dosage and direction for administration
 - d. name of physician or dentist
 - e. date and name of pharmacy
 - f. whether the child has asthma or other disability which may require immediate dispensation of medication

The medication must be delivered to the principal's office in person by the parent or guardian of the student unless the medication must be retained by the student for immediate self-administration. The medication will be accompanied by written authorization from the parent, guardian, or person having legal custody that indicates the following:

- a. purpose of the medication
- b. time to be administered
- c. whether the medication must be retained by student for self-administration
- d. termination date for administering the medication and
- e. other appropriate information requested by the principal or principal's designee

2. Self-administration in inhaled asthma medication by a student for treatment of asthma is permitted with written parental authorization. The parent or guardian of the student must also provide a written statement from the physician treating the student that the student has asthma and is capable of, and has been instructed in the proper method of, self-administration of medication. Additionally:

- a. 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.
- b. 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.

Supt: Kyle Lierle
Elem Prin: James Bidy

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c. Permission for the self-administration of asthma 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.

d. A student who is permitted to self-administer asthma medication shall be permitted to possess and use a prescribed inhaler at all times.

e. Definitions:

1. Medication means a metered dose inhaler or a dry powder inhaler to alleviate asthmatic symptoms, prescribed by a physician and having an individual label.

2. Self-administration means a student's use of medication pursuant to prescription or written direction from a physician.

3. Nonprescription medication may be administered only with the written request and permission of a parent, guardian, or person having legal custody when other alternatives, such as resting or changing activities, are inappropriate or ineffective. The medication will be administered in accordance with label directions or written instructions from the student's physician.

The administrator or administrator's designee, will:

a. inform appropriate school personnel of the medication being administered

b. keep an accurate record of the administration of medication

c. keep all medication in a locked cabinet except medication retained by a student per physician's order

d. return unused prescription to the parent or guardian only

The parent, guardian, or person having legal custody of the student is responsible for informing the designated school official of any change in the student's health or change in medication.

This policy statement will be provided to a parent or guardian upon receipt of a request for long-term administration of medication.

REFERENCE: 10 O.S. 170.1

59 O.S. 353.1

10 O.S. 1-116

Adoption Date 6/28/05

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Parental Consent to Administer Medications

Student Name: _____ Date _____

Dear Parent/Guardian:

Please check the appropriate statement below:

I give permission for my child to self administer the medication listed below

I give Fort Cobb-Broxtton Public School personnel authorization to administer the medication identified below to my child for the specified period of time.

The medication my child routinely takes has a new dose ordered by the doctor. I give Fort Cobb-Broxtton Public School personnel authorization to administer the medication according to this new dose.

Medication: _____

Physician who ordered medication: _____

Time medication needs to be administered: _____

Please administer this medication from _____ (date) to _____ (date).

This medicine needs to be sent home: Daily on the last date (indicated above)

I give permission to Fort Cobb-Broxtton Public School to release the medicine to my child to bring home.

I will pick up the medicine.

I have read the school policy and will not hold the school district, employees and its agents liable for any injury arising from the self-administration of medication of my child.

Parent/Guardian Signature

Date

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