

Eufaula Public Schools Guidelines for Medication Administration in Schools

If possible, all medications should be given at home. The school nurse and/or designated school staff can administer medications when this is not possible. However, to ensure the safety of all students, the following requirements must be followed:

1. A *Medication Request and Release* form must be completed and signed by the parent/guardian on any medication, prescription or over-the-counter (OTC). This form is available in the Nurse's Office, principal's office, and also on the school's web site. This form will be kept on file in the student's health file. Medications will not be administered without this form. One form for each medication/treatment given is required. This form is to be renewed each school year.
2. A written record will be kept with student's name, name of medication, and date and time medication is taken.
3. For all students' safety, it is required that the parent/guardian bring and pick up medications. *No medications will be sent home with the student.*
4. Prescription medications must be brought to school in the original pharmacy container properly labeled with the student's name, name of medication, dosage and special instructions, and date and time medication is to be administered. Parents may request that the pharmacist dispense a separate labeled container for the school.
5. Over-the-counter (OTC) medications must be in a new, unopened, container. Any OTC medication, which is not designated on the label as appropriate for the child's age will not be given without written physician approval.
6. Medications *will not* be accepted in envelopes, plastic bags, or any other form not listed above.
7. Students requiring self-administration of medications for anaphylaxis (life-threatening allergies), asthma, and/or diabetes may be allowed to do so according to the following requirements:
 - a. *Medication Request and Release Form* completed by parent and physician.
 - b. Parent acknowledges student is capable of, and has been instructed in the proper method of self-administration of medication and/or treatment.
 - c. Student will inform a teacher, school nurse, principal, coach, or other designated school personal when such medication and/or treatment are used while at school.
 - d. Students will not share their medications with other students.
 - e. The Eufaula Public Schools and its employees shall incur no liability as a result of any injury arising from the self-administration of medication and/or treatment.
8. The parent/guardian will provide medication and supplies used for administering medication/treatment at their own expense.
9. The parent/guardian will notify the school of any change in the administration of medication and will provide the school with a new prescription bottle and complete a new *Medication Request and Release form*.
10. At the end of the school year, any remaining medication must be picked up by the parent/guardian or it will be destroyed.

The Eufaula Public Schools and its employees will not be liable (to student or parent/guardian of the student) for civil damages (for any personal injuries) to the student, which results from acts or omissions of the school nurse or designated employee in administering any medication.

Eufaula Public Schools
 1705 W.J.M. Bailey Hwy.
 Eufaula, OK 74432
 (918)-689-2682 Fax (918)-689-1067
Medication Request and Release Form

Student: _____ School: _____ Teacher: _____

OVER-THE-COUNTER MEDICATION TO BE COMPLETED BY THE PARENT

Fill out and return to school with a **New Unopened Container** of age and dose appropriate medication

Medication: _____ Dosage: _____
 Purpose: _____ Time(s) to be administered: _____
 Dates to be given: _____ Allergies: _____
 Special Instructions: _____

PRESCRIPTION MEDICATION TO BE COMPLETED BY THE LICENSED PRESCRIBER

Eufaula Public Schools discourages the administration of medication to students in school if possible. This form will only be valid for the current school year. A new form is required yearly.

PLEASE USE A SEPARATE FORM FOR EACH MEDICATION

Medication: _____ Diagnosis: _____
Trade Name and/or Generic

Dosage: _____ Time(s) to be given at School: _____

Method of administration: ORAL Liquid Tablet Inhale DROPS Eye R L Ear R L

Effective Dates: From ___/___/___ to ___/___/___

Possible Side Effects: _____

If medication is PRN (as needed), please specify: _____
Signs and Symptoms

_____ Can Medication be Repeated?
Frequency of Administration

Licensed Prescriber's Name (Please Print) Licensed Prescriber's Signature Phone Number Date

**** SELF-CARRY/SELF-ADMINISTRATION OF EMERGENCY MEDICATION
 AUTHORIZATION/APPROVAL**

Provisions under 70 O.S. 1984, Section 1-1163, allow students to self administer prescribed asthmatic, diabetic, or allergic medication. Approval to self-administer medications must be authorized by the Licensed prescriber. **The parent or guardian of the student is to provide the school an emergency supply of the student's medication.**

I have instructed _____ in the proper use of his/her medication and it is my professional opinion that this student is capable of self-administration of the medication and should be allowed to carry and use that medication by himself/herself.

Licensed Prescriber's Signature Date

TO BE COMPLETED BY THE PARENT/GUARDIAN

I have read the attached procedure for medication administration and I hereby request and authorize Eufaula Public Schools personnel to administer this medication as directed. I agree to release, indemnify, and hold harmless Eufaula Public Schools and any of their officers, staff members, or agents from lawsuit, claim, demand, or action against them for administering medication to this student. **I understand that permission is granted for exchange of verbal and/or written communication between the school staff and the licensed prescriber regarding this medication**

Signature of Legal Parent/Guardian Date Contact Phone