

# ZUMBROTA-MAZEPPA INDEPENDENT SCHOOL DISTRICT #2805 MEDICATION POLICY

## I. PURPOSE

The purpose of this policy is to assure safe and proper dispensing of medication to the student at school in accordance with Minnesota Statute 126.201.

## II. GENERAL STATEMENT OF POLICY

- A. This policy includes BOTH prescription AND over-the-counter medications with the exception of non-aspirin (i.e. Tylenol, Advil, etc.) analgesics. Non-aspirin analgesics will be given with a completed parent authorization form per doctor's standing orders.
- B. Since giving medications to students presents some potential problems, it is preferred that medications be given at times OUTSIDE of school hours, if possible. If not possible, trained school staff will assist students and parents/legal guardians with this responsibility.
- C. Students requiring medicine at school shall be identified by parents/legal guardians with this responsibility.
- D. The Medication Physician Order and Parent Authorization Form must be completed by the parent/legal guardian AND physician BEFORE any medication will be given in the school. All medication must be accompanied by this written physician's order and parent authorization form. Non-aspirin analgesics require only the parent authorization form.
- E. The parents/legal guardian of the student shall assume responsibility for informing the nurse of any change in the student's medication. Medication dosage changes must be prescribed and documented in writing by the physician. When circumstances warrant, the physician may provide verbal medication orders or changes of dosage to the nurse only. Verbal orders must be followed by written authorization.
- F. For the parent/guardian and the child's protection, the medication will be brought to the school by an adult.
- G. All prescription medications must be brought to the school in a prescription bottle as issued by the pharmacist. (A duplicate bottle can be obtained from the pharmacist upon request). The label on the duplicate bottle must match the doctor's order. Over the counter medication must be brought in the original, sealed, purchased container with the child's name written on it. If the medication dosage means that pills need to be cut in half, the medication must be brought to school already cut (pharmacist or parents should cut the pills in half before bringing to school). Some medications (ex. Ritalin, Cylert, Dexidrine) are considered controlled substances. Parents/legal guardian will be asked to bring only a one-month supply at a time to the school since the bottle of medication needs to be counted every month.
- H. All written medication authorizations are effective for the current school year only.
- I. Medications will be kept in a locked cabinet, file, or drawer. Any exceptions to this rule must be cleared with the school nurse.
- J. Requests for self-administered medications for students with special health needs will be dealt with on an individual student basis. Approval will be determined on a case-by-case basis by the school nurse. These students must have the Medication Request and Authorization Form filled out and on file in the health office and must administer under supervision of designated school personnel.
- K. Students who are prescribed asthma or reactive airway disease medications may self-administer with an asthma inhaler if the district has received written physician authorization, parent written authorization, and the school nurse has performed an assessment of the student's knowledge and skills to safely use and possess an inhaler in the school setting.
- L. Students who are prescribed a non-syringe injector of epinephrine (Epipen) who have written physician authorization and parent written authorization may:
  - 1. Possess the non-syringe injector of epinephrine, or
  - 2. If the parent and prescribing medical professional determine the student is unable to possess the epinephrine, have immediate access to non-syringe injectors of epinephrine in close proximity to the student at all times during the instructional day.
- M. Students without prior approval who are observed by school personnel self-administering medication will be reported to the principal.
- N. Any medication given by school personnel, other than oral or inhalers, must be dealt with on a one-to-one basis with the school nurse, parents, physicians, and school personnel (ex. eye drops, ear drops, injections, gastrostomy tube medications, rectal medications, emergency medications). The school district retains the discretion to reject requests for administration of medication.
- O. Field Trips – Planning for students with conditions that require medication on field trips will be done on an individual basis PRIOR to the day of the field trip, with the help of the parent/guardian. It is the teacher and parent's responsibility to inform the Nursing Office in advance of a field trip. The teacher or other responsible adult can carry and administer the medication on the field trip, as necessary, following school procedure.

# SCHOOL MEDICATION PHYSICIAN ORDER AND PARENT AUTHORIZATION FORM

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
(last) (first) (middle)

SCHOOL: \_\_\_\_\_

## PHYSICIAN'S ORDER

I hereby request and authorize you to give:

<u>Medication</u>	<u>Dosage</u>	<u>Time</u>	<u>Duration</u>	<u>Inhaler/Epipen only</u> <u>Self Carry?</u>
1) _____	_____	_____	_____	Y___ N___
2) _____	_____	_____	_____	Y___ N___
3) _____	_____	_____	_____	Y___ N___

Allergies: \_\_\_\_\_

Diagnosis/medical reasons for medication: \_\_\_\_\_

Other medications this student is taking: \_\_\_\_\_

Other recommendations/UNUSUAL side effects: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Print Physician's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Print Physician's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Clinic Name & Address: \_\_\_\_\_ Fax No: \_\_\_\_\_

## PARENT/GUARDIAN AUTHORIZATION

- 1) I request that the above medication be given during school hours as ordered by this student's physician.
- 2) I release school personnel from any liability in relation to this request when the medication is given as ordered.
- 3) We will notify the school of any change in the medication (dosage change; medication is discontinued before the time stated in the doctor's order).
- 4) I give permission for the nurse to communicate with teachers about the action and side effects of this medication.
- 5) I give permission for the nurse to consult with the above-named student's physician regarding any questions that arise with regard to the listed medication or medical condition being treated by this medication.
- 6) Field trips – I give permission for the assigned teacher/responsible adult to administer the medication on a field trip, as necessary, following school procedure.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Daytime Phone No: \_\_\_\_\_