

Policy 5330

DISTRIBUTION/STUDENT USE OF MEDICINES/MEDICATIONS

Many students are able to attend school regularly only through effective use of medication in the treatment of illnesses or disabilities that will not hinder the health and welfare of others. Whenever possible, all medications should be given by the parents at home. If this is not possible, it will be done at school as follows:

- A. A sheet with the student's name, name of the medication, time of day of administration, and dosage. The sheet should also be signed by all school personnel who will be dispensing the medication.
- B. The medication must be received in the container it was dispensed in by the prescribing physician or pharmacist clearly stating the child's name, medication, dosage, and directions for administration.
- C. Written permission must be received from the parent or legal guardian of the student requesting that the school district comply with the physician's order via the form that is attached to this policy. Blank medication forms are available on the district website and in the principal's office.
- D. In the event the physician changes the prescription or dosage, a revised statement with the physician's signature must be provided to the school by the parent/legal guardian. This also includes non-prescription medicines. Parents/legal guardians should not send aspirin or cold medications without signed notes from them to the school authorizing dispensation of such medications.
- E. The school nurse or a person assigned by the building principal will supervise the proper storage and dispensation of the medications. All drugs/medications should be kept in a secure area that is out of the reach/access of students.
- F. No employee of Board of Education authorized to administer medication would be liable for civil damages for administering or failing to administer the medication unless he/she acted in a manner that would constitute "gross negligence or wanton or reckless misconduct."
- G. No person employed by the Board of Education will be required to administer a drug to a student except pursuant to requirements established under this policy (unless in the case of an emergency).
- H. The Board of Education shall not require an employee to administer a drug to a student if the employee objects to administering the drug on the basis of religious convictions.
- I. A copy of this policy should be given to each parent requesting medication to be administered as school for their child.

Inhalers for Asthma

Students may possess and use a prescribed metered-dose inhaler or dry-powder inhaler to alleviate asthmatic symptoms or before exercise to prevent the onset of asthmatic symptoms. This applies during the time students are in school or at any school-sponsored activity or event.

In order for a student to possess an inhaler, he/she must have written approval from the student's physician, parent, or other caretaker. (Please provide this information of the district form, which is attached.)

Epinephrine Autoinjectors

Students are permitted to carry and use an epinephrine autoinjector (epi-pen) to treat severe allergic reactions. The right to carry and use an epi-pen extends to any school sponsored activity, event, or program.

Student possession of an epi-pen is permitted only if the student has written approval from the prescriber of the medication and, if a minor, from his/her parent or legal guardian. Written approval must be on file with the principal and/or the school nurse. (Please provide this information of the district form, which is attached.)

R.C.3313.713, 3313.712, 2305.23, 2305.231

Revised June 11, 2007

Adopted July 9, 2007

Authorization Form for Using Asthma Inhalers or Epinephrine Autoinjectors

Student Name _____ Date _____

Address _____

Medication Name _____

Dosage Info _____

Date to begin administration _____ Date administration is to cease _____

Adverse reactions that should be reported to the physician

Adverse reactions for unauthorized user

Procedure to follow in the event the medication does not produce the expected relief/desired effect

Other special instructions _____

Physician and Parent/Legal Guardian Information

Physician Name: _____ Phone # _____

Physician Signature _____ Date _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

Phone #'s Work _____ Home _____

 Cell _____ Other _____

Signature _____ Date _____

2 copies of this form must be provided to the school of the child's attendance for the Principal and the Nurse

**PHYSICIAN'S REQUEST FOR THE ADMINISTRATION OF MEDICATION BY
SCHOOL PERSONNEL**

_____ is under my care and should receive
Name of Student _____

Name of Drug, Dosage, Route
At the following times: _____
Date to begin administration: _____ Expiration date of request: _____
Specific instructions for administration: _____

Physician's Signature

Physician's Phone Number

Physician's Name (Printed)

Date

**PARENT'S REQUEST FOR THE ADMINISTRATION OF MEDICATION BY
SCHOOL PERSONNEL**

I hereby request and give my permission to the principal or his designee (school nurse or other responsible person) to administer the following medication to my child.

Name of Child _____ School _____ Grade _____.
Address _____ Phone _____
Name of Drug _____ Dosage _____
Route (Orally/Injection) _____
At the following time(s): _____

Signature of Parent or Guardian

Date

Parent's Name (Printed)

Note: Medication must be in the original container. Anytime a prescription is changed, a revised statement must be submitted and signed by the parent or guardian.

**IF A CHILD NEEDS TO TAKE MORE THAN ONE MEDICATION AT
SCHOOL, A SEPARATE FORM IS REQUIRED FOR EACH
MEDICATION.**