

Gettysburg School District
Medication Administration Policy Acknowledgement

Dear Parent/Guardian:

This letter is to inform you of the policies that have been put in place to ensure the health and safety of children needing medication during school hours.

Our school district requires the **“Medication Administration Form”** to be completed for any medication to be administered by staff during school hours. This ensures the safety needed for our students and legal coverage for our staff.

Prescription medications must have an up-to-date order from the physician. If there are any changes to the order (e.g. dose, time of administration, frequency) you must present the physician’s order to the school via fax, email, or physical copy. Students with emergency medications (e.g. epinephrine, albuterol) may carry these with doctor’s permission only. All other medications will be locked in the office and only accessed by authorized staff.

Over-the-counter medications (OTC) (e.g. acetaminophen, ibuprofen) may be carried by your high school students (grades 9-12) with permission signed by parent or guardian. A physician order is not required.

OTC medications **may not** be carried by elementary and middle school students. If your elementary or middle school child frequently requires OTC medications during the school day, we require a physician order and the child’s own supply of medication to be locked in the office. Another option for parents/guardians is to bring a single dose to directly administer to the child yourself.

Requirements:

- Medications must be delivered to the school by the parent or guardian of the student.
- Medications must be delivered in a prescription bottle or the original manufacturer’s container.
- Prescription must include the student’s name, medication name, dose, route of administration, frequency, prescriber, and expiry date.
- Do not deliver more than a thirty-day supply to the school.
- If your child is to carry emergency medication (e.g. epinephrine, albuterol) your child must have the physician certify that they are competent to carry and administer it themselves.
- All medication forms must be signed by the parent/guardian and physician.

By signing this form, you are acknowledging that we have informed you of our medication policies and are agreeing to cooperate in full to provide our students with a safe and healthy environment.

Principal’s Name (Print) _____

Principal’s Signature _____

RN Consultant’s Name (Print) _____

RN Consultant’s Signature _____

Parent/Guardian (Print) _____

Parent/Guardian Signature _____

Student’s Name _____

Date _____

Over-the-Counter Medication Self-Administration

Gettysburg School District will be allowing high school students, grades 9-12, to carry and self-administer their own Over-the-Counter (OTC) medications with parent/guardian permission. OTC medications are non-prescription medications bought at the store and generally do not need doctor oversight. These medications usually include pain relievers or cough/cold medications. If you do not believe your high school student can safely or responsibly administer their own OTC medications, please obtain a doctor's order and provide the school with a supply to be administered by Certified Medication Aides or Registered Nurse.

By signing this form, I am allowing my student _____ to carry and self-administer his/her own Over-the-Counter medication while at school. I understand that I am responsible for ensuring my child understands a safe dose/frequency for these medications. My student will not use any OTC medications for anything other than the purpose stated on the label. I agree that my student will not share his/her medication with any other student and that my student will not take any medication that is not his/her own. I understand that my student may be subject to disciplinary action if they misuse medications. I fully release Gettysburg School District of liability should my child misuse or distribute his/her medication while at school.

Parent/Guardian (Print): _____

Parent/Guardian Signature: _____ Date: _____

For the school's records, here are the medications my child may be carrying:

(Check/fill out all that apply)

- Acetaminophen (Tylenol, MaPap)
- Ibuprofen (Advil, Motrin)
- Naproxen (Aleve)
- _____
- _____
- _____
- _____

Principal's Name (Print): _____

Principal's Name Signature: _____

Registered Nurse's Name (Print): _____

Registered Nurse's Signature: _____

Medication Administration Form (Physician Signature Required)

(For any medication that will be administered by trained staff including: prescription, herbal, or over-the-counter)

Name of Student: _____ Date of Birth: _____

Address: _____ Telephone: _____

Parent/Guardian Name: _____

Diagnosis: _____ Allergies: _____

Drug name: _____ Dose: _____

Time(s) to be administered at school: _____

Route of administration: _____ (oral, inhalation, or topical are routinely given by staff)

Start Date: _____ End Date: _____

Precautions and reactions to observe and report (please include signs/symptoms of overdose):

Physician's Signature Telephone Date

PRINT Physician's Name Clinic Name

I authorize personnel at Gettysburg School District to administer the medication prescribed on this form to my child. I understand the medication must be provided in the original properly labeled container. I understand that the school district and individuals involved will not be held liable for any adverse effects of this medication. I give permission for communication that may be necessary between the prescribing provider and the school nurse to ensure safe medication administration for my child. I am responsible to pick up unused medication one week after the last dose is given during the school year, and/or before the last day of school. If the medication is not picked up, it will be destroyed. (**Any changes** to this order must be called in or faxed to the school nurse)

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____

School Nurse Name (Print): _____

School Nurse Signature: _____ Date: _____

Emergency Medication Administration

Please complete this form along with the "Medication Administration Form" if your child is to have emergency medications for asthma, anaphylaxis, or diabetes. ****In the event that your child is unable to administer their own medication, authorized staff will administer the medication.****

Name of Student: _____ Date of Birth: _____

Emergency Medication: _____

Food and Drug Allergies: _____

Parameters for administration: _____

____ I certify that the above named student is capable of self-administration of the above prescribed medication and understands when it should be administered.

After-care for emergency medication:

Physician Signature	Telephone	Date
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PRINTED Physician Name	Clinic Name
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I authorize my child to self-administer his/her own prescription medication for asthma and/or anaphylaxis while at school and relieve Gettysburg School District and personnel of all responsibility. I understand that the school district and individuals involved will not be held liable for any adverse effects of the medication. I give permission for communication that may be necessary between the prescribing provider and the school nurse to ensure safe medication administration for my child. In the event that medication is stored at the school, I am responsible to pick up the unused portion before the last day of school. If the medication is not picked up, it will be destroyed.

I understand that if my child requires emergency epinephrine for anaphylaxis, 911 will be called immediately following administration to respond unless otherwise directed by the physician.

Parent/Guardian (Print): _____

Parent/Guardian Signature: _____ Date: _____

School Nurse (Print): _____

School Nurse Signature: _____ Date: _____

Gettysburg School District Medication Policy

This policy is to protect the health of students, inform parents/guardians of our practices, and to outline medication procedures. Gettysburg School District aims to be inclusive in the student environment and makes accommodations for students with a need for medication to be given during school hours.

- I. Staff
 - a. Registered Nurse
 - i. Oversees medication administration and care plan
 - ii. Checks all medication orders before approving for administration at school
 - iii. Takes new orders from the student's physician
 - iv. Holds current South Dakota state licensure
 - v. Delegates appropriate nursing tasks to Unlicensed Medical Professionals in accordance with *South Dakota Rule 20:48:01.04 Delegation of Nursing Tasks*
 - vi. Ensures compliance with South Dakota laws and regulations
 - b. Certified Medication Aides
 - i. Administer medication per order instructions
 - ii. Report any/all errors to Registered Nurse and complete error form
 - iii. Hold current South Dakota certification
 - c. Other
 - i. School principal, superintendent, or secretary may count and sign in medications with the parent/guardian bringing a supply for the student if medical staff is unavailable
 - ii. Administrative staff will be responsible for disciplinary action in regards to medication policy and rules
 1. Per *South Dakota Codified Law 13-32-12* disciplinary action will not limit access to the student's medication
- II. Medication Storage
 - a. Temperature
 - i. All medication will be stored at room temperature unless otherwise indicated by the physician instructions
 - b. Security
 - i. All medication delivered to the school by parent/guardian will be locked and stored out of student access
 - ii. Only designated staff will access locked medication for students
 - iii. Only a parent/guardian may check in or out medications at the school office
 - c. Expiration
 - i. All medications will be routinely checked for expiration date when administered to a student

- ii. If a medication or a physician order reaches expiration date, the parent/guardian will be contacted and expected to dispose of the medication within a week
 - 1. If medication is not picked up within one week, the local pharmacy will be used for medication disposal
 - d. Count
 - i. All medications will be counted by parent/guardian and appointed staff member upon arrival to the school
 - ii. Only 30 days of medication may be delivered to the school at a time
 - iii. When medications are sent home, the parent/guardian and appointed staff member will count the medications again
 - e. Self-carry
 - i. Grades 9-12 that carry their own Over-the-Counter medication with parental permission will:
 - 1. Carry their medication with them at all times or leave in locked student locker
 - 2. Carry medication in original manufacturer's bottle
 - ii. Emergency medications (self-carry only)
 - 1. If self-carry, parent/guardian is responsible for checking expiry date
 - 2. Student will carry emergency medication on their person at all times to ensure availability in different classrooms.
- III. Administration of medications
- a. Medication will be administered by indicated staff during the school day exactly as the physician's order states.
 - i. If changes are made to the medication order, a physician's order must be faxed or presented to the school within 24 hours.
 - ii. If a parent/guardian wishes to withhold a medication (without a physician order), the parent must pick up the medication from the school prior to the next scheduled dose.
 - iii. Orders will be verified by the staff RN prior to administration.
 - b. If a student refuses to take their scheduled medication as scheduled it will be documented in the medication record and parent/guardian will be notified.
 - c. All medications taken at school will have a physician order **except for** Over-the-Counter medications for grades 9-12 with parent/guardian permission
- IV. Requirements for participation
- a. The parent/guardian is required to have the appropriate forms filled out PRIOR to administration of any medication by any school employee. The following are applicable:
 - i. Medication Administration Policy Acknowledgement
 - 1. Required for all students
 - ii. Over-the-Counter Medication Self Administration

1. Required for grades 9-12 that are to carry their own OTC medication
 - iii. Medication Administration Form
 1. For any prescription medication
 - iv. Emergency Medication Administration
 1. In addition to the Medication Administration Form for emergency medication
 - b. Only medications checked in at the school office are acceptable to be administered
 - i. Medications will be counted upon arrival to the school
 - ii. All medications will have proper labeling with student name, drug, dose, route, etc.
- V. Special Considerations
- a. Plans will be made with the parent/guardian in regards to school functions/field trips prior to date of the event/trip
 - b. If a student's medication plan does not coincide with the medication policy, an individualized medication plan will be developed on an as-needed basis
 - c. If a student requires a dose of an Over-the-Counter medication (i.e. for headache) but does not have an order or signed forms, the parent/guardian is always allowed to present to the school and administer medication to their own child