

ADMINISTERING MEDICATION TO STUDENTS

Many students are able to attend school regularly only through effective use of medication in the treatment of disabilities or illness. Insofar as it is possible, provisions should be made for such medication to be given by the parent prior to or following the school day. When possible, parents should plan to bring and administer medication. Those students old enough to understand and follow directions for taking their medication should be responsible for same under supervision. If this is not possible, the dispensation of medication during the school day will be done in accordance with the following:

- A. Persons hereinafter designated by the Board of Education shall be authorized, when acting in situations other than those governed by O.R.C. §§2305.23, 2305.231, and 3313.712, to administer to a student a drug prescribed by a prescriber for the student in accordance with this policy. Only Board employees who are licensed health professionals, or have completed an appropriate drug administration training program conducted by a licensed health professional and considered appropriate by the Board, may administer to a student a drug prescribed for the student. Except as otherwise required by federal law, no employee of this Board shall use the following procedures to administer drugs to a student:
 1. Injection.
 2. Catherization.
 3. Any other special procedures.
- B. The school nurse or an appropriate person appointed by the building principal will supervise the secure and proper storage and dispensation of medications. However, nothing in this policy shall be construed to require a person employed by this Board to administer a drug to a student if such person objects, on the basis of religious convictions, to administering the drug.
- C. No drug prescribed for a student shall be administered pursuant to this policy or federal law, which includes but is not limited to the Individuals with Disabilities Education Act, until the following occur:
 1. The school nurse or other person(s) designated by the building principal receives a written request, signed by the parent, guardian, or other person having care or charge of the student, that the drug be administered to the student.
 2. The school nurse or other person(s) designated by the building principal receives a written statement, signed by the prescriber who prescribed the drug, that includes all of the following information:

- a. The name and address of the student;
 - b. The school and class in which the student is enrolled;
 - c. The name of the drug and the dosage to be administered;
 - d. The time or intervals at which each dosage of the drug is to be administered;
 - e. The date the administration of the drug is to begin;
 - f. The date the administration of the drug is to cease;
 - g. Any severe adverse reactions that should be reported to the prescriber and one or more telephone numbers at which the prescriber can be reached in an emergency;
 - h. Special instructions for administration of the drug, including sterile conditions and storage.
3. The parent, guardian, or other person having care or charge of the student agrees to submit a revised statement signed by the prescriber of the drug to the school nurse or other person(s) designated by the principal if any of the information previously provided by the prescriber pursuant to division (C)(2) of this policy changes.
 4. The school nurse or other designated person(s) must receive a copy of all statements and revisions of any statement required by division (C)(1) and (2) of this policy;
 5. The drug is received by the school nurse or other designated person(s) authorized to administer the drug to the student for which the drug is prescribed in the container in which it was dispensed by the prescriber or a licensed pharmacist. The parent is required to bring all medication to school; and
 6. Any other procedures required by the Board are followed.
- D. If a prescribed drug is administered to a student, the school nurse or other person(s) designated by the principal shall acquire and retain copies of the written requests and statements required by this policy, and shall ensure that by the next school day following the receipt of any such statement a copy is given to the person authorized to administer drugs to the student for whom the statement has been received and the original is kept on file in the building where the student attends school.

- E. The school nurse or a person designated by the principal, or designee shall establish a location in each school building for the storage of drugs to be administered under this policy. All such drugs shall be stored in that location in a locked storage place, except that drugs that require refrigeration may be kept in a refrigerator in a place not commonly used by students.
- F. No person who has been authorized by the Board to administer a drug in accordance with this policy and who has a copy of the most recent statement required by this policy given to him in accordance with this policy prior to administering the drug is liable in civil damages for administering or failing to administer the drug, unless such person acts in a manner that constitutes gross negligence or wanton or reckless misconduct.
- G. This policy may be changed, modified, or revised by action of the Board.
- H. Nothing in this policy affects the application of O.R.C. §§2305.23, 2305.231, or 3313.712 to the administration of emergency care or treatment to a student.
- I. All dental disease prevention programs sponsored by the Ohio Department of Health and administered by school employees, parents, volunteers, employees of local health districts, or employees of the Ohio Department of Health, which utilize prescription drugs for the prevention of dental disease and which are conducted in accordance with the rules and regulations of the Ohio Department of Health, are exempt from all requirements of this policy. This policy does not apply to or otherwise regulate the conduct of such dental disease programs sponsored by the Ohio Department of Health.
- J. In an emergency situation, such as an asthma attack or severe allergic reaction (anaphylaxis), those individuals authorized and in-serviced to administer drugs shall administer the appropriate medication in accordance with the written instructions on file and Board policy.
- K. The District will administer prescription and non-prescription medication as stated on the parent/physician release form. Written authorization or instructions from a health care provider is not required to apply nonprescription topical ointments designed to prevent sunburn, or for a student to self-apply same, on school property or at a school-sponsored event. The school nurse shall apply sunscreen to a student, upon request.
- L. The District retains the discretion to reject requests for administration of medication.
- M. A copy of this policy may be provided to parents upon their request for administration of medication in the schools.

- N. For purposes of this policy, the term “prescriber” includes only the following:
1. A dentist licensed under O.R.C. Chapter 4715;
 2. A clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner who holds a certificate to prescribe issued under O.R.C. §4723.48;
 3. An optometrist licensed under O.R.C. Chapter 4725 to practice optometry under a therapeutic pharmaceutical agents certificate; or
 4. A physician authorized under O.R.C. Chapter 4731 to practice medicine and surgery, osteopathic medicine and surgery, or podiatry.
 5. A physician assistant who holds a certificate to prescribe issued under O.R.C. Chapter 4730.

LEGAL REFS: O.R.C. §3313.713

Adopted: November 21, 2016
Revised: June 12, 2017
Revised: November 20, 2017



**Akron
Children's
Hospital**
SCHOOL HEALTH SERVICES

Attach
Student
Picture
If available

Prescription Medication Administered at School

School: _____

School Year: _____

Class/Grade: _____

Student Name: _____ D.O.B.: _____

Student Address: _____

To Be Completed by Physician/Healthcare Provider:

Name of medication: _____ Dose: _____

Time to be given: _____ (during school hours)

Reason for medication: _____

Form of medication: Tablet Liquid Inhaler Nebulizer Other

Start Date: _____ Stop Date: _____

Special Instructions: _____

Potential adverse reactions to be reported: _____

Physician/Healthcare Signature: _____ Date: _____

Physician/Healthcare Provider Name: _____
Print Name

Phone: _____ Fax: _____

Parent/Guardian: I give permission for my child to receive this medication at school according to the school district policy and as instructed by my healthcare provider.

I agree and am responsible to:

- Deliver my child's medicine to school in its original container and labeled by a pharmacist or healthcare provider
- Tell the school as soon as possible if there is a change in the use of my child's medicine
- Tell the school if my child gets a new healthcare provider
- Have my healthcare provider complete a new medicine form for my child if the medicine or dose changes.

I agree for child's healthcare provider to talk with the school or any school staff person about this medicine. No other part of my child's medical health will be discussed.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Phone: _____ Emergency Alternate Phone: _____

****THIS FORM WILL EXPIRE AT THE END OF THE SCHOOL YEAR****

Clinic Use Only: Date form received _____ Date medication received: _____ Form Complete (Y or N) _____

Notes: _____ Date Form complete: _____