

**PHYSICIAN REQUEST FOR THE ADMINISTRATION OF
PRESCRIPTION AND/OR NONPRESCRIPTION DRUGS
TO STUDENTS DURING SCHOOL**

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 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. If this is not possible, the dispensation of medication during the school day will be done in accordance with the following:

- A. The school nurse, principal, principal's licensed designee, or parent 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 for the student in accordance with this policy. Effective July 1, 2011, only Board employees who are licensed health professionals or have completed an appropriate drug administration training program conducted by a licensed health professional may administer a prescribed drug to a student. A yearly updated list of designated personnel will be kept by the principal. However, except as otherwise required by federal law, no employee of this Board of Education shall use the following procedures to administer drugs to a student:
1. Injection.
 2. Catherization.
 3. Any other special procedures.
- B. The school nurse, principal, guidance counselor, or other person designated 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 of Education 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 Improvement Act (IDEIA), until the following occur:
1. The school nurse, principal, guidance counselor, or other person(s) designated by the building principal receives a written request, signed by a prescriber and a parent, guardian, or other person having care or charge of the student, that the drug be administered to the student.
 2. The school nurse, principal, guidance counselor, or other person(s) designated by the building principal receives a written statement, signed by the prescriber of 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; and
 - 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 person(s) designated by the principal receives a copy of the statements required by division (C)(1) and (2) of this policy; and
 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.
 6. Any other procedures required by the Board of Education are followed.
- D. If a drug prescribed is administered to a student, the school nurse, principal, guidance counselor, or other person(s) designated by the principal shall acquire and retain copies of the written requests required by division (C)(1) and the statements required by division (C)(2) and (3) of 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, principal, guidance counselor, or a person designated by the principal 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 of Education to administer a drug in accordance with this policy and who has a copy of the most recent statement required by division (C)(2) or (3) of this policy given to him in accordance with division (D) of 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 of Education.
 - 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 adopted by the Board of Education does not apply to or otherwise regulate the conduct of such dental disease programs sponsored by the Ohio Department of Health.
 - J. Students are not permitted to have prescription or over-the-counter medications in their possession, unless instructions for the student to carry the medication are written on the medication request form and approved by the building principal.
 - K. In an emergency situation, such as severe bee sting allergy, those individuals authorized and in-serviced to administer drugs shall administer the appropriate medication in accordance with the written instructions on file.
 - L. Other oral medication, such as aspirin, will not be administered to children under any circumstances by school personnel, unless a physician request for the administration of the medication is on file. The administration of any medication without the order of a licensed prescriber and the permission of the parent or guardian is interpreted as practicing medicine and is prohibited by medical law.
 - M. The school district retains the discretion to reject requests for administration of medication.
 - N. A copy of this policy may be provided to parents upon their request for administration of medication in the schools.

- O. The school district requests that either a daily asthma action plan or food allergy/insect bite action plan be completed and returned to the child's school if either a broncho-dilating inhaler or epi-pen is prescribed.

For purposes of this policy, the term "prescriber" includes only the following:

- A dentist licensed under O.R.C. Chapter 4715;
- A clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner who holds a certificate to prescribe issued under O.R.C. §4723.48;
- An optometrist licensed under O.R.C. Chapter 4725 to practice optometry under a therapeutic pharmaceutical agents certificate; or
- A physician authorized under O.R.C. Chapter 4731 to practice medicine and surgery, osteopathic medicine and surgery, or podiatry.

Immunity from Tort Liability

The school district, a member of the Board of Education, or a school district employee shall not be liable in damages in a civil action for injury, death, or loss to person or property allegedly arising from a district employee's prohibiting a student from using an inhaler because of the employee's good faith belief that the medication was not warranted.

The school district, a member of the Board of Education, or a school district employee shall not be liable in damages in a civil action for injury, death, or loss to person or property allegedly arising from a district employee's permitting a student to use an inhaler because of the employee's good faith belief that the medication was warranted.

When a school district is required to permit a student to possess and use an inhaler, the school district, any member of the Board of Education, or any school district employee is not liable in damages in a civil action for injury, death, or loss to person or property allegedly arising from the use of the inhaler by a student for whom it was not prescribed.

Nothing in this policy eliminates, limits, or reduces any other immunity or defense that the school district, any member of the Board of Education, or any school district employee may be entitled to under O.R.C. Chapter 2744, any other provision of the Revised Code, or the common law of the state.

TORONTO CITY SCHOOLS
PHYSICIAN'S REQUEST FOR THE ADMINISTRATION OF
PRESCRIPTION AND/OR NONPRESCRIPTION DRUGS
TO STUDENTS DURING THE SCHOOL DAY

This form must be **filled out completely, signed, and returned** to your child's school **before** any prescription or nonprescription medication will be administered during school hours.

STUDENT'S NAME _____ DATE _____

STUDENT'S ADDRESS _____

PARENT/GUARDIAN EMERGENCY PHONE NUMBER(S) _____
OR _____ OR _____

BUILDING _____ GRADE _____

NAME OF DRUG _____ DOSAGE TO BE ADMINISTERED _____

TIME OF DAY TO BE ADMINISTERED _____

INSTRUCTIONS OUTLINING PROCEDURES TO BE FOLLOWED BY SCHOOL
PERSONNEL IF DRUG DOES NOT PRODUCE EXPECTED RELIEF _____

DATE THE ADMINISTRATION OF DRUG IS TO BEGIN _____

DATE THE ADMINISTRATION OF DRUG IS TO CEASE _____

ANY SEVERE ADVERSE REACTIONS THAT SHOULD BE REPORTED TO THE
PRESCRIBER _____

LIST AT LEAST ONE PHONE NUMBER AT WHICH THE PRESCRIBER CAN BE
REACHED IN AN EMERGENCY
_____ OR _____ OR _____

SPECIAL INSTRUCTIONS FOR ADMINISTRATION OF THE DRUG _____

IF MEDICATION IS A BRONCHO-DILATING INHALER OR EPI-PEN, ARE YOU
AUTHORIZING THE STUDENT TO CARRY THE MEDICATION AND SELF-MEDICATE?

PRESCRIBER'S SIGNATURE _____

PRESCRIBER'S TITLE _____

Since medication for the student listed above cannot be scheduled for other than school hours, I request that the medication as indicated be administered by school personnel, who may be medically untrained. I understand the school personnel are not legally obligated to administer medication and therefore, agree not to hold the school district or its employees responsible for the results of such medication or the manner in which it is administered. I understand that medication will not be sent home with my child. I understand that medication will be stored in the principal's office, unless the physician and I have written on this form that my child is to keep the medication with him/her at all times. If my child keeps the medication on him/her, I assume full responsibility for medication in my child's possession and for the administration of the medication.

Signature of Parent or Legal Guardian

Date

Home Phone _____ Work Phone _____

Other Phone Numbers _____

All medication must be received in the container in which it was dispensed by the prescriber, licensed pharmacist, or in case of over the counter medication, the original container. All medication must be labeled with the student's name, dosage, and the name of the medication.
ALL MEDICATION MUST BE BROUGHT TO SCHOOL BY THE PARENT.

***AT THE END OF THE SCHOOL YEAR, MEDICATION THAT IS NOT PICKED UP BY AN ADULT WILL BE DISCARDED BY THE SCHOOL NURSE.**

TORONTO CITY SCHOOLS
DAILY ASTHMA MANAGEMENT PLAN

▪ **Identify the things which start an asthma episode. (Check each that applies to the student.)**

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Strong odors or fumes | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Respiratory infections | <input type="checkbox"/> Chalk dust / dust | _____ |
| <input type="checkbox"/> Change in temperature | <input type="checkbox"/> Carpets in the room | _____ |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Pollens | |
| <input type="checkbox"/> Food _____ | <input type="checkbox"/> Molds | |

Comments _____

▪ **Control of School Environment**

(List any environmental control measures, pre-medications, and/or dietary restrictions that the student needs to prevent an asthma episode.) _____

▪ **Peak Flow Monitoring**

Personal Best Peak Flow Number: _____

Monitoring Times: _____

▪ **Daily Medication Plan**

	Name	Amount	When to Use
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

COMMENTS / SPECIAL INSTRUCTIONS

FOR INHALED MEDICATIONS

- I have instructed _____ in the proper way to use his/her medications. It is my professional opinion that _____ should be allowed to carry and use that medication by him/herself.
- It is my professional opinion that _____ should not carry his/her inhaled medication by him/herself.

Physician Signature

Date

Parent/Guardian Signature

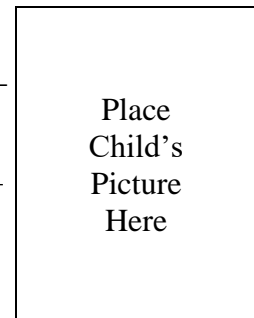
Date

TORONTO CITY SCHOOLS FOOD ALLERGY/INSECT BITE ACTION PLAN

ALLERGY TO: _____

Student's Name: _____ D.O.B.: _____ Teacher: _____

Asthmatic Yes* No *High risk for severe reaction



◆ SIGNS OF AN ALLERGIC REACTION ◆

Systems: Symptoms:

- **MOUTH** itching & swelling of the lips, tongue, or mouth
- **THROAT*** itching and/or a sense of tightness in the throat, hoarseness, and hacking cough
- **SKIN** hives, itchy rash, and/or swelling about the face or extremities
- **GUT** nausea, abdominal cramps, vomiting, and/or diarrhea
- **LUNG*** shortness of breath, repetitive coughing, and/or wheezing
- **HEART*** “thready” pulse, “passing-out”

The severity of symptoms can quickly change. *All above symptoms can potentially progress to a life-threatening situation.

◆ ACTION FOR MINOR REACTION ◆

1. If only symptom(s) are: _____, give _____ medication/dose/route

Then call:

- 2. Mother _____, Father _____, or emergency contacts.
- 3. Dr. _____ at _____

If condition does not improve within 10 minutes, follow steps for Major Reaction below.

◆ ACTION FOR MAJOR REACTION ◆

1. **If ingestion is suspected and/or symptom(s) are:** _____

give _____ IMMEDIATELY!
medication/dose/route

Then call:

- 2. Rescue Squad (ask for advanced life support)
- 3. Mother _____, Father _____, or emergency contacts.
- 4. Dr. _____ at _____

DO NOT HESITATE TO CALL RESCUE SQUAD!

TORONTO CITY SCHOOLS
STAFF TRAINED IN MEDICATION ADMINISTRATION

The general medication administration procedures, safe storage of medications, and confidentiality have been explained to me and I have been given the opportunity to ask any questions that I may have had regarding medication administration.

I understand how said medication is to be administered to said student.

Student Name

Medication

School District Employee

INITIAL (of person administering medication)	SIGNATURE	INITIAL	SIGNATURE	CODES	
1. _____	_____	_____	_____	(A) Absent	(O) No Show
2. _____	_____	_____	_____	(E) Early Dismissal	(W) Dosage Withheld
3. _____	_____	_____	_____	(F) Field Trip	(X) No School (i.e. Holiday, weekend, snow days, etc.)
4. _____	_____	_____	_____		

Use reverse side for reporting significant information (e.g. Observation of medication’s effectiveness, adverse reactions, reason for omission, plan to prevent future “no shows.”)

TORONTO CITY SCHOOLS
MEDICATION ERROR REPORT

Section I

If possible, this is to be completed by the person who made the medication error.

Who made the error? _____

Explain error and how it happened _____

Time and Date Error Occurred _____

Name of School Nurse and When Notified _____

Name of Principal and When Notified _____

Signature of Person Completing Section I

Section II

School Nurse or Principal should:

Contact Doctor ordering medication

Name of Doctor Contacted _____

Date and Time _____

Instructions given by doctor _____

Parent/Guardian should be notified and informed of doctor's instructions. If the doctor says this is an emergency situation, the ambulance should be summoned to take the child to the emergency room. Then the parent/guardian is notified.

Name of Parent/Guardian notified _____

Date and Time _____

Who notified parent _____

Action taken by school personnel and parent/guardian _____

Outcome of medication error _____

Signature of Person Completing Section II

