

In general, it is preferable that no medications be administered in school. The parent/legal guardian should confer with the prescribing professional to allow for the student to receive all prescribed doses at home, when possible. However, when the prescribing professional deems medicating during the school day to be necessary for the pupil's health and attendance in school, it may be done in the school by the parent, or in accordance with this policy by the school nurse or unlicensed (non-medically licensed) staff as permitted by law. Parents and their children's prescribing professionals are asked to try and limit medication administration times during school hours. Before any medication may be administered in school, the board requires the written request of the parent/legal guardian giving informed consent for such administration (including that unlicensed personnel may administer the medicine). This request shall be accompanied by the written order/request of the prescribing professional. The written order of a prescribing professional shall include:

- (a) the name of the patient;
- (b) the name and dosage of medication;
- (c) the time at which or the special circumstances under which the medicine is to be administered;
- (d) the length of time for which the medicine is prescribed (no longer than for current school year);
- (e) any possible side effects of the medication.

Approval by the principal in consultation with the school nurse shall be required verifying compliance with board policy and regulations and practicability of implementation.

Whenever appropriate medical management dictates the necessity for medication to be administered during school hours, the following guidelines are to be implemented:

- a. Any medication to be administered during school hours must be delivered to the school by an adult. No medication should be sent to school with the students.
- b. Only those medications delivered to the school in a properly marked original prescription container dispensed by the pharmacist will be accepted for administration at school. (If requested, any pharmacy will supply an extra bottle and label for school.) Only a limited, necessary supply can be kept in the school. Medicine no longer required must be removed by the parent/legal guardian.
- c. As refrigerated liquid medications constitute particular problems for the schools, it is requested alternative forms be prescribed whenever possible.
- d. Over-the-counter, nonprescription medications will not be administered unless requested in writing by the child's prescribing professional.
- e. Students shall not be permitted to carry and self-administer medications in school or on school property except as requested and described by the student's prescribing professional and pending notification of approval by the school nurse in consultation with the principal. An example would be in the case of a responsible, adequately instructed grade 3-8 asthmatic/allergic student given special permission to carry an inhaler and self-medicate. For children grades 3-8 who use inhalers, pending parental and prescribing professional request forms received, they will be allowed to carry properly marked (both pieces with name on them) inhalers with them. K-2 children's inhalers will be kept in the school offices or clinics.

The school nurse or principal/designee shall maintain a record including the request, the approvals, details of the dosage and timing of medication, and a notation of each instance of administration.

All medication will be appropriately maintained and under the supervision of the principal and school nurse in compliance with state law. Teaching staff members may be provided with such information about the medication and its administration as may be in the pupil's best interest.

The board disclaims any and all responsibility for the diagnosis, prescription of treatment and administration of medication for any pupil. For purposes of this policy, "medication" shall refer to all medicines prescribed by a prescribing professional for a particular pupil.

Adopted: Blue Hill School Committee - 12/14/94

Amended: Blue Hill School Committee - 03/08/95

Amended: Blue Hill School Committee - 5/10/2000 effective 8/1/00

Adopted: Castine School Committee - 3/7/95

Amended: Castine School Committee - 6/1/2000 effective August 1, 2000

Adopted: Penobscot School Committee - 3/13/95

Amended: Penobscot School Committee - 4/10/00 effective 8/1/00

Request For Administration Of Medication In School

5503

Please Note:

- * Only Physician ; FNP; or P.A. C. are to complete the indicated (*) portions at the top of this form.
- * Physician and parents must both sign the bottom of the form.

Date of request: _____

Student's Name _____ Date of Birth _____

* Prescribing Professional _____ Telephone _____
(Please Print)

* Name of Medication _____

* Reason for Medication _____

* Dosage(s) _____

* Time (s) to be Administered _____

* Duration of Medication _____

* Possible Side Effects _____

* In the event of possible side effects, school officials should take the following action:

I am aware that the _____ School Department has only one school nurse on staff who cannot provide personalized nursing services to all students. However, the above-named student is in need of the above-named medication during regular school hours to maintain his/her physical health. In my opinion, the above-named drug is important, that if the school nurse is not available, I advise and request that the medication may be administered by nonmedical school personnel appointed by the principal. I have read the School Medication Policy and agree to abide by the stipulations therein.

Other

Notes: _____

Prescribing Professional _____ Date _____
(Signature)

Parent(s)/Legal Guardian(s) _____ Date _____
(Signature)

* Only parents of children with inhalers and/or special medical directives to have certain medication(s) nearby/with them during class times should please fill out the second side of this form and sign again at the bottom of the page. Thank you.

Request For Student Self-Administration Of Medication (Please see other side) 5503

I/We _____ represent and acknowledge
(Parent/Legal Guardian's Name)
that _____ requires _____ in
(Student's Name) (Specify Medication)
accordance with the written order/request of his/her prescribing professional as attached,
and that said child may suffer serious detriment if this medication is not so administered.

I am aware that the school can not provide personalized nursing services to all students.
With full knowledge of this, I/we hereby request and give my/our consent to have the
medication specified above self-administered by _____ under the
(Student's Name)
supervision of the school nurse, or another person designated by the school principal, in
accordance with the instructions of the prescribing professional.

The undersigned agrees to the following conditions:

1. K-2 student's inhalers will be kept in the school offices or clinics and these students may self-administer their medication under supervision of the school nurse or principal/designee.
2. Grade 3-8 students may carry their inhalers with them, pending notification of the school nurse. Both pieces of the inhaler must be properly marked with the student's name.
3. Students will carry on their person only the limited and necessary amounts of medications needed in accordance with the prescribing professional's instructions approved by the school nurse and principal.
4. The student will take the medication only in accordance with the prescribing professional's instructions.
5. Prior to self-administration of medication at school, the student will receive adequate instruction in self-administration of said medication at home, to include knowledge of desired effect and side-effects.
6. The student must demonstrate adequate proficiency with their self-administration of medication to the school nurse or principal/designee at the initiation of the medications usage in school.
7. The student will be checked by his/her prescribing professional at least once annually.
8. The prescribing professional signing the accompanying request and certification will renew this request in writing every year.

Parent(s)/Legal Guardian(s) _____ Date _____
(Signature)