

ADMINISTERING MEDICINES TO STUDENTS

Many students are able to attend school regularly only through effective use of medication in the treatment of disabilities or illnesses that do not hinder the health or welfare of others. If possible, all medication should be given by the parent(s)/guardian at home. If this is not possible, it is done in compliance with the following:

1. Only employees of the Board who are licensed health professionals, or who are appointed by the Board and have completed a drug administration training program meeting State law requirements, conducted by a licensed health professional and considered appropriate by the Board, can administer prescription drugs to students.
2. The school nurse or an appropriate person appointed by the Board supervises the secure and proper storage and dispensation of medications. The drug must be received in the container in which it was dispensed by the prescribing physician or others licensed to prescribe medication.
3. Written permission must be received from the parent(s)/guardian of the student, requesting that the school nurse or an appropriate person comply with the physician's order.
4. The school nurse or other designated individual must receive and retain a statement which complies with State law and is signed by the physician who prescribed the drug or other person licensed to prescribe medication.
5. The parent(s)/guardian must agree to submit a revised statement, signed by the physician or other licensed individual who prescribed the drug, to the nurse or other designated individual if any of the information originally provided by the physician or licensed individual changes.
6. No employee who is authorized by the Board to administer a prescribed drug and who has a copy of the most recent statement is liable in civil damages for administering or failing to administer the drug, unless he/she acts in a manner which would constitute "gross negligence or wanton or reckless misconduct."
7. No person employed by the Board is required to administer a drug to a student except pursuant to requirements established under this policy. The Board shall not require an employee to administer a drug to a student if the employee objects, on the basis of religious convictions, to administering the drug.

Inhalers for Asthma: Students have the right to possess and use a metered-dose inhaler or a dry-powder inhaler to alleviate asthmatic symptoms or before exercise to prevent the onset of asthmatic symptoms. The right applies at school or at any activity, event or program sponsored by or in which the student's school is a participant.

In order for a student to possess the inhaler, he/she must have written approval from the student's physician and parent or other caretaker. The principal and/or the school nurse must have received copies of these required written approvals.

Epinephrine Auto-injectors: Students are permitted to carry and use an epinephrine auto-injector (epi-pen) to treat anaphylaxis (severe allergic reactions). The right to carry and use an epi-pen extends to any activity, event or program sponsored by the student's school or activity, event or program in which the school participates.

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. Written approval must be on file with the principal and, if one is assigned, the school nurse. In addition, the principal or school nurse must receive a backup dose of the medication from the parent or student.

Diabetes Medication: If a student's treating physician determines a student with diabetes is capable of performing diabetes care tasks, the student is permitted to attend to the self-care and management of his/her diabetes during regular school hours, and at school-sponsored activities upon written request from the student's parent/guardian or other person having care or charge of the student. Students may perform these tasks in the classroom, in any area of the school or school grounds, and at any school-sponsored activity. Students are permitted to possess, at all times, the necessary supplies and equipment to perform the tasks in accordance with the student's treating physician's orders. This right may be revoked if the student performs any care tasks or uses medical equipment for purposes other than the student's own care. The student is provided with a private area for performing self-care tasks if requested by the student, student's parent/guardian or other person having care or charge of the student.

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LEGAL REFS.: ORC 2305.23; 2305.231
 3313.64; 3313.7112; 3313.712; 3313.713; 3313.716; 3313.718
 3314.03; 3314.141
 OAC 3301-35-06

CROSS REFS.: EBBA, First Aid
 JFCH, Alcohol Use by Students
 JFCI, Student Drug Abuse

REQUEST TO ADMINISTER PRESCRIBED MEDICATIONS TO A STUDENT DURING SCHOOL HOURS

Student Name _____ Date of Birth _____

Address _____ Teacher _____ Grade _____

This will serve as an official request for designated school personnel to administer prescribed medication to my child during school hours as indicated below.

I understand and agree that the principal, his/her agent, has no responsibility for the content of said medication, nor for the refilling of said prescription, nor for the safeguarding of said prescription, other than precautions normally taken with respect to school property.

Parent / Guardian Signature _____ Date _____

Printed Name of Parent / Guardian _____ Daytime phone number _____

**ALL MEDICATION MUST BE IN THE ORIGINAL PHARMACY DISPENSED CONTAINERS.
LABEL MUST MATCH INSTRUCTIONS FROM DOCTOR ON THIS FORM.**

PHYSICIAN STATEMENT

To the Physician:

The Liberty Union-Thurston Board of Education urges you to schedule the taking of medications by students at times outside of school hours. When that is not possible, the receiving or using of medications will be permitted, insofar as feasible, during school hours. Medication in pill form is preferable to liquids for use in school.

I verify that this medication must be taken by _____
Name of Student

Medication _____ Dosage _____ Route _____

Diagnosis for which medication is prescribed: _____

Medication is to be taken at the following times: _____

Instructions or precautions (including possible side effects): _____

Adverse reactions that need to be reported to the physician: _____

Prescription beginning date: _____ Prescription expiration date: _____

Date form completed: _____ Physician Signature _____

Physician Printed Name: _____ Phone #: _____

Physician Address: _____

**A new form must be completed for each dosage/medication/doctor change.
Each school year a new form must be completed for each medication.**

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