

Addison Northwest Supervisory Union Policy

SECTION: STUDENTS

CODE: F6

TITLE: STUDENT MEDICATION IN SCHOOL

The Board recognizes that many children are able to regularly attend school because of the effective use of medication in the treatment of chronic disabilities or illnesses.

We believe that it is more desirable for medication to be administered in the home. However, any student who is required to take medication during the regular school day or during school sponsored activities must comply with the following school regulations:

- **Prescription medications** may be given by the school nurse or his/her designee upon written orders from a physician and upon written request from the student's parent or guardian that the school complies with the physician's order. The physician's orders must detail the name of the drug, dosage, time interval the medication is to be taken, diagnosis and reason for giving.
- **All student medications** (including non-prescription medication) that are to be taken on a regular basis must be brought to school in a container appropriately labeled by the pharmacy or physician. The container must be stored in a secure, locked storage place under the custody of the school nurse or his/her designee.
- **Students with life threatening allergies or with asthma**, whose parents/guardians comply with all of the requirements of Act 175 of 2008, shall be permitted to possess and self-administer emergency medication at school, on school grounds, at school-sponsored activities, on school-provided transportation, and during school-related programs.
- **Non-prescription medications** are occasionally dispensed by the school nurse or his/her designee on an "as needed" basis and only with prior written permission from the student's parent or guardian. If a student is required to receive any non-prescription medication on a regular basis for more than one day, written permission from the student's parent or guardian is required before such medication will be dispensed by the school nurse or his/her designee.
- Requests and permission for the school nurse or his/her designee to dispense medication (prescription and non-prescription) to a student must contain assurances that (a) the first dosage of the medication has been previously administered at home or by the student's physician and (b) that the student has suffered no previous ill effects from the use of such medication.
- Opportunities must be provided for communication with the pupil, parent, and physician regarding the efficacy of the medication administered during school hours.
- In the case of medication possessed by students with life threatening allergies or with asthma, the school shall provide forms for parents to submit authorizing possession of the medication by their student and releasing the school from liability as the result of any injury arising from the student's self-administration of the emergency medication.
- Violations of this policy will be subject to the school's policy on student discipline.

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PROCEDURES: DELEGATION BY SCHOOL NURSE

In the school setting or during school-sponsored activities, only nurses may administer medications unless the nurse has delegated that nursing activity to an unlicensed person (designee). Delegated activities shall not be performed by unlicensed personnel unless the nurse can ensure that all of the following provisions are met and that the nurse assumes responsibility for same:

- The designee has received appropriate instruction and supervised practice to perform the procedure.
- The designee has demonstrated adequate knowledge and skill in performing the procedure(s), as well as the knowledge of action to be taken if an emergency or a problem with the patient's health condition occurs.
- The nurse documents continued competency of the designee in performing the procedure(s).

Date Adopted/Revised: *December, 2002; October, 2008*

Legal Reference(s): *16 V.S.A. §1387*
Act 175 of 2008
Vt. State Board of Education Manual of Rules and Practices §§4220 et seq.

Policy Cross Reference:

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STUDENT MEDICATION IN SCHOOL - Procedures

PARENTAL AUTHORIZATION FORM

As the parent/guardian of _____, I hereby authorize my child to possess and self-administer emergency medication at school, on school grounds, at school sponsored activities, on school provided transportation, and during school-related programs.

As documented by the attached physician's statement, my child has _____ (name the specific life-threatening allergies or asthma), and is capable of, and has been instructed by the physician in, properly self-administering the emergency medication named by the physician.

As further documented by the attached physician's statement, my child has been advised of possible side-effects of the medication and has been informed of when and how to access emergency services. In addition, the first dosage of my child's medication has previously been administered at home or by his/her physician and he/she has suffered no previous ill effects from the use of such medicine.

The attached plan of action, developed specifically for the _____ school year in consultation with the school nurse, is based on the documentation provided by the physician's statement and includes the name of each emergency medication, the dosage, and the times and circumstances under which the medication is to be taken. The plan of action also indicates that the medication is solely for the use of my child, and includes the names of individuals who will be given copies of the plan. I understand that one of requirements of the plan is that my child will notify a school employee or agent after self-administering emergency medication.

As required by Act 175 of 2008, I hereby release the school, its employees and agents, including volunteers, from liability as a result of any injury arising from my child's self-administration of emergency medication, except when the conduct of the school, school employee, or agent would constitute gross negligence, recklessness or intentional misconduct.

Signed: _____ at _____
(Date) (City or Town and State)

By: _____
(Parent/Guardian)

Witnessed by: _____ Dated: _____

ATTACHMENTS: Physician's Statement
 Plan of Action