

OVERSEEING THE NONEMERGENCY ORAL ADMINISTRATION OF MEDICATION

Doctors are the only persons qualified to prescribe medications. Pharmacists dispense them. The diagnosis and treatment of illness and the prescription of drugs, medications, preparations or remedies is the responsibility of a family physician, not the responsibility of your school or any of its employees, including nurses. Both state and federal law restrict what medication may be administered by nurses or other authorized school personnel.

It is diocesan policy to discourage the taking of any oral medication during the school day. There are, however, some unique circumstances which require the cooperation of physicians, parents and school personnel in overseeing the administration of prescribed medication to students.

The school should not routinely administer any non-prescribed (over-the-counter) drugs, medications, preparations, or remedies without the parents' approval. Responsibility for overseeing the administration of non-prescribed medication rests solely with the parent or legal guardian and the student. The schools would prefer that parents personally administer medication to their children, before or after school, at recess or over the lunch hour.

When a student is so ill that oral medication is temporarily required, parents/guardians should consider keeping the student at home until the need for medication is eliminated.

In those special cases where a student needs to take prescribed oral medication during the regular school day while at school, but a parent cannot personally administer it, the following rules shall apply:

1. Parents should first consult with their child's physician to see whether the medication schedule can be adjusted so that the medication can be taken at times other than during school hours.
2. Whenever a student must take prescribed medication during school hours the appropriate physician request and parent release forms must be on file in the student's green health folder and available to the person designated by the school before the student will be allowed to begin taking the medication in school.
3. Medication is to be brought by the parent/guardian to the principal's office or nurse's office for safe keeping in the same container in which the prescribing physician or pharmacist dispense the drug.
4. For each prescribed medication, the container should be labeled with the following information: student's name; name of physician; date, name and telephone number of pharmacy; name of medication; dosage; frequency and any special handling and storage directions.
5. At each school or location, all medications are to be kept in a secure and safe storage unit not accessible to students.
6. The parent or legal guardian is responsible for seeing that the school is supplied with an adequate supply of medication.

7. Any unused medication not claimed by the last day of school each year will be destroyed by school personnel by flushing it down a toilet.
8. If a school has a full-time nurse, the nurse will oversee the administration of medication. In the absence of a full-time nurse, responsibility rests with (in this order): Mrs. Barbara Jenks, Mrs. Shelley Brossia, and any other person specified by the principal in his/her absence. The school shall designate the person(s) authorized to administer such medication, with their agreement.
9. It is the responsibility of the parent or legal guardian to instruct the child to report to take the medication at the designated time. Efforts will be made by school personnel to communicate a student's medication needs to teachers or other appropriate staff members.
10. A log shall be kept for each prescribed medication in the student's green health folder, on which the school personnel will note at that time each occurrence of overseeing the student taking his medication.
11. New request forms must be submitted each school year and whenever the medication or dosage is changed, which remains the parent's responsibility.
12. All the above rules relate to the non-emergency overseeing or administration of prescribed drugs. In a medical emergency the parent/guardian should be immediately notified and appropriate arrangements made for immediate medical attention.
13. Strict adherence to the above rules is necessary to protect the school; persons(s) designated to administer the medication and the student.

AUTHORIZATION TO ADMINISTER MEDICATION OR CARRY INHALER

Student Name _____ Grade _____

Address _____ Phone _____

This form must be completed and signed by physician and parent/guardian and, if the student is carrying an Inhaler, the required written information must be received, before any medication can be administered at school. Generally, the School discourages the taking of any medication during the school day. But unique circumstances may require administration of prescribed medication for students.

School personnel will be permitted to administer medication only when no alternative is available

TO BE COMPLETED BY HEALTH CARE PROVIDER

In my expert opinion, the following medication needs to be taken by this student during the school day at the time(s) indicated below:

Date student examined: _____ Diagnosis(optional) _____
Medication prescribed _____ Dosage _____
Time(s) _____ Route _____ Side effects _____
Date administration of medication to begin _____ end _____
Special instructions _____

The named student knows and understands the proper use of his/her inhaler and should be allowed to carry it on his/her person. Inhaler: Yes _____ No _____

IF YES IS MARKED, THE PHYSICIAN MUST COMPLETE ALL ITEMS OF INFORMATION REQUIRED ON THE REVERSE SIDE OF THIS FORM.

Physician's Name _____

Physician's Phone _____ Physician's Fax _____

Physician's Signature _____ Date _____

**INFORMATION TO BE PROVIDED BY PHYSICIAN
WHEN STUDENT IS AUTHORIZED TO CARRY AN INHALER AT SCHOOL**

STUDENT'S NAME _____

STUDENT'S ADDRESS _____

NAME OF MEDICATION IN THE INHALER _____

DOSAGE _____

DATE ADMINISTRATION OF MEDICATION IS TO BEGIN _____

DATE (if known) ADMINISTRATION OF MEDICATION IS TO END _____

INSTRUCTIONS FOR SCHOOL PERSONNEL TO FOLLOW IF MEDICATION DOES NOT PRODUCE

EXPECTED RELIEF _____

SEVERE ADVERSE REACTIONS, IF ANY, THAT MIGHT OCCUR TO THE STUDENT USING THE
INHALER

SEVERE ADVERSE REACTIONS, IF ANY, THAT MIGHT OCCUR IF A CHILD FOR WHOM THE INHALER
IS NOT PRESCRIBED RECEIVES A DOSE OF THE MEDICATION _____

PHYSICIAN'S EMERGENCY PHONE NUMBER(S) _____

ANY SPECIAL INSTRUCTIONS FROM THE PHYSICIAN _____

**TO BE READ AND COMPLETED BY PARENT/GUARDIAN
(OR STUDENT IF AGE 18 OR OLDER)**

I authorize school personnel to administer the medication indicated to this student as ordered by the Health Care Provider. I also authorize the School nurse(s) to consult with the Health Care Provider named about the student's medication needs. I understand that I am responsible for delivering prescribed medication to the student's school in its original container (as labeled from the pharmacy) and for assuring that an adequate supply of the medication has been provided to the school.

If the Health Care provider has indicated that the student should be permitted to carry an inhaler at school, I understand that the student is responsible for its proper maintenance and use. I understand that if the student is found to have shared his/her medication with other students, or otherwise abused the medication or device, the student will not be permitted to carry his/her inhaler at school and disciplinary action may also occur. I understand, and have informed the student, that (s)he must immediately notify the school bus driver, school principal, nurse or teacher if his/her inhaler is lost or is taken from him/her by another person.

In consideration of the administration of medical services as requested and authorized, I/we, for myself/ourselves, and my/our heirs, executors, administrators and assigned, do hereby waive, release and forever discharge and agree to indemnify and defend the School and Diocese of Toledo, their members, officers, administrators, employees, servants and agents from and against all claims, demands or causes of action by any person or entities, for loss, cost injury or damage whatsoever arising from or claimed to arise from or in any way connected with the administration of authorized medical services to the student named.

As Parent(s)/Guardian(s) of the child named, I/we acknowledge that I/we have read and understand these statements. (If named student is age 18 or older, s/he may acknowledge understanding by signing below in place of Parent.)

Parent/Guardian Name (PRINT)_____

Emergency Phone(s)_____Date_____

Parent/Guardian (Student if 18) Signature_____Date_____

School Nurse and/or Principal's Signature_____Date_____

**A NEW FORM MUST BE COMPLETED WHENEVER THE PRESCRIPTION CHANGES AND
AT THE BEGINNING OF EACH SCHOOL YEAR**