

MEDICATION ADMINISTRATION POLICY-JHCD

CAROLINE COUNTY PUBLIC SCHOOLS

Authorization / Parental Consent for Administering Medications

All medications are to be dropped off by a parent/guardian. Do not send medication with the student.

Student: _____

Last

First

Middle

DOB: _____ Grade: _____ Allergies: _____

Parental Consent:

I am the parent/guardian of the above student. I give my permission for him/her to take the following prescribed medication while at _____ school. I hereby release Caroline County Schools and its employees from any claim or liability connected with its reliance on this permission and agreed to indemnify, defend and hold them harmless from any claim or liability connected with such reliance. I authorize a representative of the school to share information regarding this medication with the licensed prescriber.

Field Trips:

- I give permission for school staff to administer this medication during all field trips for the _____ School year.
- I do not feel it is necessary to send this medication with my child on field trips.
- I have read and understand the Medication Administration Policy

PARENT/GUARDIAN SIGNATURE

DAYTIME PHONE

DATE

MEDICATION AUTHORIZATION

(To be completed by licensed prescriber ONLY)

Must include drug name, dosage, route, form, time of day (specific time; if PRN include frequency)

Relevant Diagnosis _____ Medication _____

Dosage _____ Route _____ Form _____

Time of Day (or frequency) _____ Side Effects _____

Dates to be administered at school: _____ Short term/Dates to be given _____

_____ Every day at school

_____ Episodic/Emergency events ONLY

Asthmatics and Injectable Medications:

The student is both capable and responsible for self-administering this medication:

_____ NO _____ YES-Supervised _____ YES -- Unsupervised

This student may carry this medication:

_____ NO _____ YES

Licensed Prescriber's Name _____

Licensed Prescriber's Signature _____

Phone Number _____ Emergency Number _____ Date _____

(Medication Form valid for one school year. Parents return form to school nurse with medication)

MEDICATION ADMINISTRATION POLICY-JHCD

A. MEDICATION:

Caroline County Public Schools personnel may give prescription medication, over-the-counter medication, or homeopathic treatment to students only with a physician's written order and written parental/guardian consent. The medication order must contain: relevant diagnosis, medication name, dosage, route, form, time of day, side effects, duration, and signature of medical provider; a prescription label is not sufficient as a medication order. The medication order for asthma and anaphylactic medication must be completed on an asthma action plan or an anaphylaxis action plan. Medication must be in the original container and be delivered to the school nurse or school division designee by the parent/guardian of the student. Students may not bring in medication. Medication orders must be renewed by physician every school year. School nurses cannot accept a verbal order for medication.

B. STUDENTS WITH DIABETES:

Students with Type 1 or Type 2 Diabetes are required to have a Diabetes Medical Management Plan (DMMP) on file before the school can provide care of a diabetic student. The DMMP must include:

- a. Be renewed every school year.
- b. Be signed by the student's health care provider and the parent or guardian.
- c. Any changes to orders during the school year must be received in writing from the student's health care provider. School nurses cannot accept a verbal order to change insulin.

It is the responsibility of the parent or guardian to provide the completed DMMP as well as all supplies needed as outlined in the DMMP prior to the first day of school. This includes but is not limited to

- a. Insulin, insulin syringes, glucometer, testing strips, ketone strips, glucagon, glucose tablets, and snacks for treatment of low blood sugar. The school clinics do not supply materials for testing of blood sugar or insulin administration.

C. SELF-ADMINISTRATION OF ASHTMATIC MEDICATION, EPINIPHERINE, OR DIABETIC MEDICATION:

Students with a diagnosis of asthma, severe allergies, or diabetes are permitted to carry and self-administer such medications as prescribed by their physician.

In order for a student to possess and self-administer such medications the following must be met:

- a. Written parental consent must be on file that the student may self-administer such medications.
- b. A written order (**Asthma Action Plan, Anaphylaxis Action Plan, or DMMP**) from the student's health care provider must be on file with the school, indicating the identity of the student, the diagnosis, and approving self-administration of medication. The order will include medication name, dosage, frequency, route, and circumstances which may warrant its use. The health care provider must attest to the student's demonstrated ability to safely self-administer such medication.
- c. A Health care plan must be prepared to include emergency procedures for any life-threatening conditions.
- d. Information regarding the health condition of the student must be disclosed to school board employees complying with state and federal law governing the disclosure of information contained in student scholastic records.

Permission granted to a student to possess and self-administer inhaled asthma medication, injectable epinephrine, or injectable diabetic medication will be effective for a period of one school year, and must be renewed annually. However, a student's right to possess and self-administer such medications may be limited or revoked after appropriate school personnel consult with the student's parents.

D. MEDICATION PICK-UP:

All medications must be picked up by a parent or guardian by the last day of school. Medication will not be sent home with the student or on the bus. Medication that is not picked up will be discarded by school personnel.