



Procedures for Dispensing Medication at School

Student _____ DOB: _____ Grade: _____ Year: _____

PHYSICIAN/LICENSED PROVIDER – PLEASE COMPLETE

PRESCRIPTION MEDICATIONS REQUIRED DURING SCHOOL HOURS

**** All authorizations expire at the end of the school year or following Extended School Year (ESY) session****

Medication	Route	Dose	Time	Diagnosis/Reason for Medication

*****All Medications are to be supplied in the original manufacturer or prescription container*****

Inhaler—please include Asthma Action Plan:

- Student may carry/self administer his/her inhaler according to the licensed prescriber's instructions. This student has been instructed on proper use, side effects, and safeguards regarding this medication.
- It is my professional opinion that this student **should not carry** his/her inhaled medication.

Epinephrine auto-injector—please include Anaphylaxis Action Plan:

- Student may carry/self administer epinephrine auto-injector (Epi-Pen™) according to the licensed prescriber's instructions. This student has been instructed on proper use, side effects, and safeguards regarding this medication.
- It is my professional opinion that this student **should not carry** his/her Epi-pen/auto-injector.

Signature of Licensed Health Care Provider

Printed name of Licensed Health Care Provider

Date

Clinic Name/Address

Clinic Phone #

Clinic Fax #

OVER THE COUNTER MEDICATIONS DURING THE SCHOOL YEAR

****All authorizations expire at the end of the school year or following Extended School Year (ESY) session****

Medication	Route	Dose	Time	Diagnosis/Reason for Medication

Parent/Guardian Medication Authorization

1. I request the medication listed be given during school hours as ordered by this student's licensed health care provider. I understand that school health staff cannot administer prescription medication(s)/treatment(s)/procedure(s) indicated on this form without authorization from both my student's physician/licensed prescriber and parent/guardian. ***At the secondary level a parent/guardian may authorize use of over-the-counter medications.**
2. I will provide the school with physician/licensed prescriber authorization for any change in medication/treatment(s).
3. I give permission to designated school staff to administer the above medication(s) and/or perform treatment(s). I release all school personnel and ISD 199 from any and all liability in the event of any adverse reaction resulting from the use or administration of the medicine.
4. I give permission for health office staff to consult with this student's licensed health care provider regarding questions about the above medical condition(s) and medication/procedure being used to treat the condition.
5. I give permission for the health office staff to communicate **as needed** with school staff about my student's health condition(s) and the action of the medication and/or treatment

PLEASE RETURN TO YOUR CHILD'S SCHOOL NURSE'S OFFICE. School nurse office information listed on the other side of this form.

Parent /Guardian Signature _____ Date: _____

Procedures for Dispensing Medicine at School

Purpose: The purpose of this policy is to set forth the provisions that must be followed when administering non-emergency prescription medication to students at school.

General Statement of Policy: The school district acknowledges that some students may require prescribed drugs or medication during the school day. The school district's licensed school nurse, trained health clerk, principal, or teacher will administer prescribed medications; except any form of medical cannabis, in prescription and over-the-counter, in accordance with law and school district procedures.

Requirements

- A. The administration of any prescription medication or drug at school requires a completed signed request from the student's parent. An oral request must be reduced to writing within two school days provided that the school district may rely on an oral request until a written request is received.
- B. A "Procedures for Dispensing Medicine at School" form must be completed annually (once per school year) and/or when a change in the prescription or requirements for administration occurs. Prescription medication as used in this policy does not include any form of medical cannabis as defined in Minnesota Statutes section 152.22, subdivision 6.
- C. All medication must come to school in the original container. Further, prescription medication must be labeled for the student by a pharmacist in accordance with law, and must be administered in a manner consistent with the instructions on the label.
- D. The school nurse may request to receive further information about the medication, if needed, prior to administration of the substance.
- E. Upon arrival at school, students will leave medications with the appropriate school district personnel. Exceptions to this requirement are prescription asthma medications self-administered with an inhaler; epinephrine auto injectors self-possessed and self-administered; and medications administered as noted in a written agreement between the school district and the parent or as specified in an IEP (individual education plan) or IHP (individual health plan or section 504 plan).
- F. The school must be notified immediately by the parent or guardian or student 18 years old or older in writing of any change in the student's prescription medication administration. A new medical authorization or container label with new pharmacy instructions shall be required immediately as well.
- G. For drugs, medications, medical treatments or procedures used by children with a disability, administration may be as provided in the IEP, Section 504 plan or IHP.
- H. The district will obtain and possess Naloxone to be maintained and administered by trained school staff to a student or other individual if it is determined in good faith that person is experiencing an opioid overdose. (Read the full explanation for H at www.isd199.org/district/board/policies in Policy 516 under "Section 5 – Students")
- I. The licensed school nurse, or other designated person, shall be responsible for the filing of the Procedures for Dispensing Medicine at School form in the health records section of the student file. The school nurse, or other designated person, shall be responsible for providing a copy of such form to the principal and to other personnel designated to administer the medication.
- J. Procedures for administration of drugs and medicine at school and school activities shall be developed in consultation with a licensed school nurse, or a public or private health organization or other appropriate party (if appropriately contracted by the school district under Minnesota Statutes section 121A.21). The school district administration shall submit these procedures and any additional guidelines and procedures necessary to implement this policy to the school board for approval. Upon approval by the school board, such guidelines and procedures shall be an addendum to this policy.
- K. If the administration of a drug or medication described in this section requires the school district to store the drug or medication, the parent or guardian must inform the school if the drug or medication is a controlled substance. For a drug or medication that is not a controlled substance, the request must include a provision designating the school district as an authorized entity to transport the drug or medication for the purpose of destruction if any unused drug or medication remains in the possession of school personnel. For a drug or medication that is a controlled substance, the request must specify that the parent or guardian is required to retrieve the drug or controlled substance when requested by the school.
- L. See specific exceptions at www.isd199.org/district/board/policies in Policy 516 under "Section 5 – Students."
- M. An adult student (age 18 years of age or older) is not required to submit parent/guardian signatures but instead may provide a signature for self.
- N. Districts and schools may obtain and possess epinephrine auto-injectors to be maintained and administered by school personnel to a student or other individual if, in good faith, it is determined that person is experiencing anaphylaxis regardless of whether the student or other individual has a prescription for an epinephrine auto-injector. The administration of an epinephrine auto-injector in accordance with this section is not the practice of medicine. A district or school may enter into arrangements with manufacturers of epinephrine auto-injectors to obtain epinephrine auto-injectors at fair-market, free, or reduced prices. A third party, other than a manufacturer or supplier, may pay for a school's supply of epinephrine auto-injectors.
- O. See the procedure regarding unclaimed drugs or medications at www.isd199.org/district/board/policies in Policy 516 under "Section 5 – Students."

SCHOOL NURSE OFFICES

HILLTOP, 3201 68th Street East, Phone: 651-306-7402, Fax: 651-306-7444

PINE BEND, 9875 Inver Grove Trail, Phone: 651-306-7703, Fax: 651-306-7739

SALEM HILLS & ATHENEUM, 5899 Babcock Trail, Phone: 651-306-7302, Fax: 651-306-7321

IGH MIDDLE SCHOOL, 8167 Cahill Avenue, Phone: 651-306-7208, Fax: 651-306-7152

SIMLEY HIGH SCHOOL, 2920 80th Street East, Phone: 651-306-7014, Fax: 651-306-7016