

SPENCER COUNTY PUBLIC SCHOOLS
Board of Education Agenda Item

Item # _____ **Meeting Date** 5/20/2013

Topic/Title Medication Permission Form for Extended Day/Overnight Field Trips

09.2241 AP.1

Presenter Cindy Hayes (School Nurse)/ Charles Adams

09.36 AP.2111

Origin

_____ **Topic presented for information only (no board action required).**

X **Action requested at this meeting.**

_____ **Item is on the consent agenda for approval.**

_____ **Action requested at future meeting, _____ (date).**

_____ **Board review required by –**

_____ **State or federal law or regulation**

_____ **Board of Education policy**

_____ **Other _____**

Previous Review, Discussion or Action

X **No previous Board review, discussion or action**

_____ **Previous review or action**

Date _____

Action _____

Background/Summary of Information

In some situations, students may be authorized to self-administer their own medicine while on school-sponsored trips. A school employee will be responsible for keeping the medication in a safe and secure place while on a field trip until such time that the student requires the medication. At the appropriate time, the medication will be available to the student to self-administer in the presence of the school employee. This permission form signed by the parent(s) and doctor will allow the school employee to store the medicine on extended day or overnight field trips for the student to self-administer. This permission form would need to be added to the district's medication policy. Cindy Hayes can and will answer any questions in regards to this.

Impact on Resources (REQUIRES FINANCE OFFICER'S INITIALS OF REVIEW)

_____ **Finance Officer**

SUPERINTENDENT'S RECOMMENDATION

Considering recent modifications in medical distribution procedures, I recommend the request as presented.

Student Medication Guidelines

Students may be authorized to carry on their person and/or independently administer their own life saving prescription medication to include: Glucagon, Epipen, Diastat, or asthma rescue inhaler provided both parent/guardian and the student's physician/health care provider have completed a Permission Form for Prescribed or Over-the-Counter Medication, Authorization Form 09.2241 AP.21. This form assures school personnel that the student has been properly instructed in self-administering the medication.

ALL OTHER MEDICATIONS

1. Medication should be given at home when possible. First dose or any new medication should be given at home and not at school. Medication that must be given at school should be brought to school by the parent/guardian. Medication that is brought to school by the parent/guardian should be transported in the original labeled container and given to designated school personnel upon arrival.
2. Prescribed oral medications in pill or tablet form shall be counted by the parent/guardian and school staff and the number recorded on the Medication Administration Record.
3. School personnel authorized to give medications must be trained in accordance with KRS 156.502 and 704 KAR 4:020.
4. Except for emergency medications (including, but not limited to Diastat, Glucagon, and EpiPens) and medications approved for students to carry for self-medication purposes such as asthma rescue inhalers, all medications shall be kept in a locked, safe, secure place accessible only to the responsible authorized school personnel. Medications requiring refrigeration shall be stored in a separate refrigerator in a supervised area.
5. School personnel who administer medication shall arrange for the child to take the medication at the proper time.
6. Unless otherwise approved to self-medicate, students are to be supervised by an authorized individual when taking medication. The person supervising the administration of medication must keep a written record.

PRESCRIPTION MEDICATIONS

Parents/guardians and health care providers shall complete the required forms before any person administers prescription medication to a student or before a student self-medicates.

Prescription medications shall be administered only as prescribed on the physician /guardian's written authorization. Parents/guardians shall have the ultimate responsibility to provide the school with an adequate supply of medication to enable the orders to be followed.

All prescription medication, original or refill, shall be sent to school in a pharmacy labeled container which includes the student's name, date dispensed, medication, dosage, strength, date of expiration, and directions for use including frequency, duration, and route of administration, prescriber's name, and pharmacy name, address, and phone number. Labels that have been altered in any way will not be accepted. Per KRS 218A.210, "A person to whom or for whose use any controlled substance has been presented, sold, or dispensed by a practitioner or other persons authorized under this chapter, may lawfully possess it only in the container in which it was delivered to him by the person selling or dispensing the same."

Student Medication Guidelines**PRESCRIPTION MEDICATIONS (CONT.)**

Changes in the dosage and/or times of administration of a prescription medication must be received in the form of a new, completed permission to give medication form (09.2241 AP.21) signed by the student's parent/guardian and physician and a new labeled prescription bottle from the pharmacy that indicates the change.

NON-PRESCRIPTION MEDICATIONS

Non-prescription (over-the-counter) medications may be accepted on an individual basis as provided by the parent or legal guardian when a completed authorization to give medication form is on file. The medication shall be in the original container, dated upon receipt and given no more than three (3) consecutive days without an order from the physician/health care provider. OTC medication shall not be administered beyond its expiration date or in doses greater than what is recommended on the medication label.

DOCUMENTATION OF ADMINISTRATION

Except for medications approved for self-administration, all medication given shall be documented on a medication log. Records shall be kept on file in the student's cumulative folder. Documentation should be complete reflecting beginning and ending dates and other applicable data. Subject to confidentiality requirements in policy 09.14 and accompanying procedures, medication recording sheets shall be filed in student's cumulative folder when completed or when the medication is changed/discontinued.

MEDICATION PERMISSION FORM FOR EXTENDED DAY/OVERNIGHT FIELD TRIPS

In some situations, students may be authorized to self-administer their own medication while on school-sponsored trips. A school employee will be responsible for keeping the medication in a safe and secure place while on a field trip until such time that the student requires the medication. At the appropriate time, the medication will be available to the student to self-administer in the presence of the school employee. THE MEDICATION MUST BE IN THE ORIGINAL CONTAINER WITH A VALID EXPIRATION DATE. IF THE MEDICATION IS PRESCRIBED BY YOUR HEALTHCARE PROVIDER, THE ORIGINAL PRESCRIPTION LABEL MUST BE ATTACHED.

DISPOSAL OF UNUSED MEDICATION

Notice shall be mailed to the parent/guardian prior to the end of the school year informing them that their child has medication remaining and that it must be picked up by the parent/guardian. If the medication is not retrieved, the school nurse or designated staff member, with a witness present, shall count the number of any pills or tablets remaining and document the amount on the Medication Log. Leftover prescription medication shall then be mixed with a designated substance, such as glue for pills and kitty litter for liquids, and placed in a trash receptacle. Both parties shall sign the Medication Log when this is completed. All medications shall be destroyed if the parent/guardian does not pick them up.

Student Medication Guidelines**MEDICATION REFUSAL**

If a child refuses to take medication or is uncooperative during medication administration, documentation shall be made, the parent/guardian and school nurse (if appropriate) shall be contacted and medication administration may be omitted. If necessary, a conference may be scheduled with the parent/guardian to resolve the conflict.

MEDICATION ERROR

If an error in the administration of medication is recognized, the following steps shall be completed and documented:

1. Keep the student in the first aid location. If the student has already returned to class when the error is recognized, have the student accompanied to the first aid location.
2. Assess the student's status and document.
3. Identify the incorrect dose/type of medication taken by the student.
4. Immediately notify the school administrator and school nurse, if appropriate, of the error, who shall notify the student's parent/guardian.
5. Notify the student's physician/health care provider.
6. If unable to contact the physician/health care provider, contact the Poison Control Center for instructions.
7. Carefully record all circumstances and actions taken, including instructions from the Poison Control Center or physician/health care provider, and the student's status.
8. Complete a "Medication Administration Incident Report" form.

RELATED POLICY:

09.2241

RELATED PROCEDURES:

09.2241 AP.21, 09.2241 AP.22

Medication Permission Form for Extended Day/Overnight Field Trips

In some situations, students may be authorized to self-administer their own medication while on school-sponsored trips. A school employee will be responsible for keeping the medication in a safe and secure place while on a field trip until such time that the student requires the medication. At the appropriate time, the medication will be available to the student to self-administer in the presence of the school employee. THE MEDICATION MUST BE IN THE ORIGINAL CONTAINER WITH A VALID EXPIRATION DATE. IF THE MEDICATION IS PRESCRIBED BY YOUR HEALTHCARE PROVIDER, THE ORIGINAL PRESCRIPTION LABEL MUST BE ATTACHED.

This form is required to be signed by the student's healthcare provider and parent/guardian and returned to the school at least one week prior to the actual field trip.

If your student requires medication during the field trip, please complete the following:

Students Name: _____ **DOB:** _____

Name of Medication: _____

Dosage: _____

Time of Administration: _____

Allergies: _____

Reason for Medication: _____

Possible Side Effects: _____

By signing below, I acknowledge that the school employee is NOT responsible for administering the medication. The physician and I have instructed my child on the use and necessity of this medication and that he/she is capable of administering the medication independently. I expressly hold harmless, and waive any liability on behalf of, the school or its employees and agents concerning any injuries or reactions resulting from the administration of this medication, any adverse effects or side effects resulting from the self-administration of, or a student's refusal to take or administer this medication.

✓ **Parent Signature:** _____
Parent Name: _____

Phone: (home): _____
(work): _____
(cell): _____

✓ **Doctor Signature:** _____
Doctor Name: _____

Phone: _____