

Student Medication Guidelines

STUDENT SELF-MEDICATION¶

~~Students may be authorized to carry on their person and independently take their own medication (prescription or nonprescription), provided the parent/guardian has written approval on file with school personnel. Such approval shall assure school personnel that the child has been properly instructed in self-administering the medication. If prescription medication is involved, written authorization of the student's health care practitioner also is required.~~

ALL OTHER MEDICATIONS

1. ~~The first dose of any new medication~~ should be given at home when possible. Medication that must be given at school should be brought to school by the parent/guardian whenever possible. Medication that is sent to school with the student should be transported in the original container placed in a sealed envelope **with the student's name on the outside** and given to designated school personnel immediately upon arrival. **The medication should be counted, and the number of pills received should be noted on the Medication Administration Record.**
2. ~~Prescribed oral medications in pill or tablet form shall be counted and the number recorded on the Medication Administration Record.¶~~
3. ~~Except for emergency medications (including, but not limited to FDA approved seizure rescue medications and injectable epinephrine devices) and medications approved for students to carry for self-medication purposes 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.~~
4. **Any use of opioid antagonist shall comply with KRS 217.186.**
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 /health care provider's written authorization. Prescription medications shall be sent to school in one (1) week increments unless otherwise approved by the Principal or designee. 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, should be sent to school in a pharmacy labeled container that 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. ¶~~

Student Medication Guidelines

PRESCRIPTION MEDICATIONS (CONTINUED)

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."

Changes in the dosage and/or times of administration must be received in the form of a written order from the physician/health care provider OR a new prescription bottle from the pharmacy indicating the change and a note from the student's parent/guardian.

CONTROLLED/SCHEDULED MEDICATIONS

"Controlled/scheduled medications" are medications that are potentially addictive and are regulated under the Controlled/Scheduled Substance Act of 1970. The following are the procedures related to the administration and storage of controlled/scheduled medications:

- Kept under double lock and key
- Kept separate from other medications
- Signed out each time a dose is administered
- Trained staff shall count and record the number of remaining pills on the student's medication record each time a dose is administered.

NONPRESCRIPTION MEDICATIONS

Nonprescription (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. OTC medication shall not be administered beyond its expiration date.

DOCUMENTATION OF ADMINISTRATION

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

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 may then be mixed with a designated substance, such as glue for pills and kitty litter for liquids, and placed in a trash receptacle or destroyed in accordance with current health care standards. 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) will 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, initiate the following steps:

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.

REFERENCES:

KRS 158.834; KRS 158.836; 158.838

KRS 217.86

Kentucky Board of Nursing Advisory Opinion Statement #16 Roles of Nurses in the Administration of Medication Via Various Routes (2023)

Kentucky Department of Education Medication Administration Training Manual for Non-Licensed School Personnel (2025)

CONTROLLED/SCHEDULED SUBSTANCE ACT OF 1970

~~RELATED POLICY:~~

~~09.2241~~

~~RELATED PROCEDURES:~~

~~09.2241 AP.21; 09.2241 AP.22~~

EXPLANATION: THE KENTUCKY DEPARTMENT OF EDUCATION MEDICATION ADMINISTRATION TRAINING MANUAL FOR NON-LICENSED SCHOOL PERSONNEL (2025) RECOMMENDS OVER THE COUNTER MEDICATIONS NOT BE ADMINISTERED IN THE SCHOOL SETTING WITHOUT BOTH A MEDICAL PRACTITIONER'S ORDER AND SIGNED PARENTAL CONSENT.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

STUDENTS

09.2241 AP.21

Permission Form for Prescribed or Over-the-Counter Medication

Student's Name: _____	Grade: _____	Homeroom/Classroom: _____
Student's Age: _____	Date of Birth: _____	School: _____

TO BE COMPLETED BY THE PARENT/GUARDIAN, PHYSICIAN OR HEALTH CARE PROVIDER FOR PRESCRIPTION AND NON-PRESCRIPTION (OVER-THE-COUNTER "OTC") MEDICATION.

~~Procedure 09.2241 AP.1 (Over-the-Counter) Parent/Guardians shall complete the required form. Medication shall be in original container, dated upon receipt, and given no more than three (3) consecutive days without signature from physician/health care provider.~~

~~(Prescribed Medication) Parents/Guardians and Health Care Provider shall complete the required form.~~

Name of medication: _____ Reason for medication: _____

Form of medication/treatment: ☐ Tablet/capsule ☐ Liquid ☐ Inhaler ☐ Injection ☐ Nebulizer ☐ Other _____

Instructions (schedule and dose to be given at school) _____

Starting Date: ☐ date form received ☐ Other, as specified: _____

Stopping Date: ☐ end of school year ☐ Other date/duration: _____

As Needed/Emergency events only ☐ Signs/Symptoms of need: _____

Restrictions and/or important side effects: ☐ No restrictions ☐ Yes. Please describe: _____

* Special storage requirements: ☐ None ☐ Refrigerate ☐ Other _____

* Student is capable of/responsible for self-administering this medication: ☐ No ☐ Yes ☐ Supervised ☐ Unsupervised

* Student has been instructed in self-administering the medication: ☐ No ☐ Yes

* Student must carry this medication on his/her person: ☐ No ☐ Yes

Please indicate additional information: ☐ On the back side of this form ☐ As an attachment

**Requires physician/health care provider approval and signature*

Physician/Health Care Provider Signature/Date

Signature of Parent/Guardian / Date

Name of Physician/Health Care Provider: _____
Phone #: _____ Fax #: _____

FOR ALL MEDICATIONS

I give permission for _____ to receive the above medication(s) at school according

Student's Name

to standard school policy and expressly hold harmless, and waive any liability on behalf of, the school or its employees and agents concerning any injuries or reactions resulting from administration or lack of administration of the above medication. For on-going medications, I understand that I have the ultimate responsibility for providing the school with an adequate supply of medication to enable orders from a physician or health care provider to be followed.

Date: _____ Signature: _____ Relationship: _____

Home Phone: _____ Work Phone _____ Emergency Phone _____

TO BE COMPLETED BY SCHOOL PERSONNEL

I/we acknowledge receipt of the foregoing statement and authorization.

Administrator/designee _____ Date _____

For student health services/procedures not involving medication only, please refer to 09.22 AP.22.

Permission Form Over-the-Counter Medication**ANCHORAGE INDEPENDENT SCHOOLS**

The school nurse's office offers over the counter medications for the students with parent/guardian permission when on extended field trips, in situations that may arise necessitating medication be given when parents or guardians are not in close proximity. Medications will be given at standard doses for age and weight as listed on the label. Any deviation in dosing from that on label requires physician signed orders.

12. Please indicate below the medications you permit your child to have,

☐ Acetaminophen
(Tylenol)

☐ Ibuprofen

☐ Antibiotic
Ointment

☐ Cough Drops

☐ diphenhydramine
(Benadryl)

☐ None of the above

7. I authorize the nursing staff and trained personnel at Anchorage Public School to provide over the counter medication as noted above and as needed to my child during an extended field trip.

1. I understand that it is my responsibility to directly notify the nursing staff at the school where my child is enrolled of any changes in my child's OTC medication needs.

2. I understand that in the event of an adverse reaction to any OTC medication, the medication will be halted and I will be notified by the nursing staff at the school.

3. I understand that this permission form will be kept on file in my child's student health record and will not be changed without notification.

4. I understand that this document's confidentiality is governed by FERPA (Family Education Rights to Privacy Act) and that all rules under such Act will be followed by all parties.

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 administration or lack of administration of the above medication.

Parent/Guardian Signature