

STUDENTS**Medication**

The Board is committed to working cooperatively with parents/legal guardians and maintaining a safe environment for administration of prescription and non-prescription medication as defined in the School Code and Public Health Code. An authorization for administration of medication must be completed and returned to the appropriate school personnel in situations where it is necessary for prescribed medication to be administered during school hours.

Adequate control and supervision to maintain and provide medication, both prescription and non-prescription, to students and for self-administration of medication by students in the school environment shall be provided. School employees shall adhere to regulation 5141.4 at all times.

References:

M.C.L. 380.1178, 380.1179, and 380.1179a

MCL 333.17744a

Public Health Code Section 333.7101

Michigan Department of Education Addendum to the 2002 Guidelines for Administering Medications to Pupils at School, Guidelines for Responding to an Anaphylaxis Emergency at School

Center for Disease Control and Prevention website:

<http://www.cdc.gov/healthyyouth/foodallergies/>

Mayo Clinic website:

<http://www.mayoclinic.org/diseases-conditions/anaphylaxis/basics/symptoms/con-20014324>

See Also: Board Policy 5141.7 Emergency Anaphylaxis

Policy

Adopted: 09-08-75

Amended: 04-13-15

Reviewed:

A. School Administered Medication

Definition: “Medication” refers to both prescription and non-prescription medication and includes those taken by mouth, those taken by inhaler, those which are injectable, those applied as drops to eye or nose, those applied to the skin, or those which are administered in any other manner.

1. The child's parent/legal guardian must request the school administer medication and provide the school with written permission to do so.
 - 1.1 A picture of each student that takes medication on a regular basis must be kept with the medication authorization form.
2. Written instructions must accompany the medication and must include the name of student, name of medication, dosage as prescribed by the physician, time when the medication must be administered, the method of administration, and the duration of administration. Such instructions shall be provided and renewed every school year.
 - 2.1 No dosage or time of administration changes shall be instituted except by written instruction from the physician after the initial request.
 - 2.2. The school may set a designated time for administration of medication. The parent/legal guardian shall be informed of this designated time. It is the responsibility of the parent/legal guardian to communicate the designated time for administration to the prescribing physician when he/she writes instructions for administration of the medication. If an exception to the school designated administration time is needed, the physician is requested to send a written explanation along with medication administration instruction to the school.
3. Except in an emergency, medication must be administered by one adult in the presence of a second adult, with both individuals being designated by the school administrator.
 - 3.1 Medication must be administered in the presence of a second adult except in an emergency that threatens the life of the student, or where the individual administering the medication is a licensed registered professional nurse.
 - 3.2 Any school employee designated to administer medication shall receive training on all district policies and procedures related to this responsibility. Documentation of individual completion of this training shall be maintained

and be available upon request by parent/legal guardian, physician, or school administrator.

- 3.3 If an error is made in administering medication, such error shall be reported immediately to the building administrator. The building administrator shall report the error to the parent/legal guardian and suggest consultation with the physician/pharmacist/ school nurse. A written report of the error shall be made and filed.
- 3.4 If any adverse reaction to medication occurs, the parent/legal guardian shall be notified and, if necessary, 911 shall be called.
4. Medication must be brought to school by the parent/legal guardian unless other safe arrangements are necessary and possible.
 - 4.1 Efforts should be made to provide prescription oral medication in the exact dosage prescribed. If such dosage is not possible, it is the responsibility of the parent/legal guardian to divide or split pills into the proper dosage before providing them to the school. School employees are not permitted to divide or split pills.
 - 4.2 Prescription and non-prescription medication supply renewal shall be the responsibility of the parent/legal guardian.
5. Where the school has, or believes it might have, reason to verify amounts of medication brought to school, the amount of medication received shall be immediately counted and the count recorded by a designated school employee. The amount of medication must be re-counted on a regular basis (either monthly or bi-weekly) and reconciled with the prior count and the medication administration log/record.
6. All medication shall be kept in a labeled container as prepared by the pharmacy, physician, or pharmaceutical company and labeled with dosage and frequency of administration. Medication not provided in an appropriate container shall not be accepted by the school.
7. Expiration dates on prescription medication, epinephrine auto-injectors, and inhalers shall be checked at least twice every school year.
8. Prescription medication shall be stored in a location that is kept locked with limited access except at time of administration.
 - 8.1 Epi-Pen law requires that the Epi-Pens prescribed to the District be kept in an unlocked, clearly-marked cabinet. Further, students who keep Epi-Pens,

inhalers, or other emergency rescue medication in the office, need to have medications easily accessible in an emergency.

- 8.2 Medication left over at the end of the school year must be picked up by the parent/legal guardian. If medication is not picked up, the school shall, after providing notice to the parent/legal guardian, appropriately dispose of the medication and record this disposal on the medication log. Disposal shall be witnessed by a second adult.
9. A log of medication administration, by individual, shall be kept. The log shall contain the name of student, the name of the medication, the dosage to be given, and the time to be given.
 - 9.1 The person administering the medication must record the date and time of the administration of the medication and sign his or her name.
 - 9.2 The adult witness must initial the log.
 - 9.3 If an error is made in recording, the person who administered the medication shall line out, initial the error, and make the correction in the log.
 - 9.4 The individual student log shall be kept until one year after the student's graduation from high school or one year after a student is dropped from enrollments.
10. When it is necessary for a pupil to have medication administered while on a school sponsored field trip or off-site activity, the individual designated to administer medication must carry the medication in the original container and record the necessary information on the medication log upon return from the trip/activity.
11. Nothing in these Regulations is designed to diminish the rights of students with disabilities under the Individuals with Disabilities Education Act or Section 504 of the Rehabilitation Act. Nothing in these regulations will supersede any provision in an individualized education program or a Section 504 plan.

B. Self-Possessed/Self-Administered Medication

Definitions: "Medication" refers to both prescription and non-prescription medication and includes those taken by mouth, those taken by inhaler, those which are injectable, those applied as drops to eye or nose, those applied to the skin, or those which are administered in any other manner.

"Self-possession" means that, under the direction of the student's physician, the student is required to carry medication on his/her person to allow for immediate and self-determined administration.

“Self-administration” means that the student is able to consume or apply prescription and non-prescription medication in the manner directed by the physician without additional assistance or direction.

1. The student’s parent/legal guardian must provide the school with written permission and request that the school allow the student to self-possess and self-administer medication.
2. Written instructions, including the physician/provider instruction that the student may self-possess and/or self-administer medication, must be provided to the school and must include the name of the student, name of the medication, dosage, time to be administered, method of administration, and duration of administration.
 - 2.1 The documentation required in paragraph 2, above, must be renewed annually, or more often if necessary.
3. All medication shall be kept in a labeled container as prepared by a pharmacy, physician, or pharmaceutical company and labeled with dosage and frequency of administration.
4. If the building administrator determines an abuse of the self-possession policy, it will be handled in accordance with the Student Handbook and *could* result in loss of self-possession privileges. In such circumstances, parents/legal guardians will receive advance notification. If a student is under an Individual Educational Program (IEP) or Section 504 Plan, the action must be taken in accordance with Individuals with Disabilities Education Act (IDEA) or Section 504 of the Rehabilitation Act requirements.
5. Nothing in these Regulations is designed to diminish the rights of students with disabilities under the Individuals with Disabilities Education Act or Section 504 of the Rehabilitation Act. Nothing in these regulations will supersede any provision in an individualized education program or a Section 504 plan.

Regulations: April, 2015

OKEMOS PUBLIC SCHOOLS
Authorization for Administration of Prescription Medication

Name of Student _____	Teacher _____	Date form Received
Birth Date _____ Grade _____	School _____	

Is this student enrolled in child care? (Please circle) Yes No If Yes, in KEEP _____ or Before/After _____?

To be completed by a Physician

Diagnosis/Purpose of Medication _____

Name of Medication _____

Dosage _____ Frequency _____ Time _____

Anticipated Duration _____ (if indefinite, so state)

Form of Medication/Treatment → Tablet/Capsule → Liquid → Inhaler → Injection → Nebulizer

How is medication to be given (schedule and dose to be given at school)? _____

Should the school be aware of any adverse reactions or precaution? _____

The student is both capable and responsible for self-administering this medication:
 → No → Yes, supervised → Yes, unsupervised

The student may carry this medication → yes → no

Date _____ Physician _____

Address _____ Phone _____

The undersigned parent/guardian authorizes the Okemos Public Schools through its administrators and/or staff to administer medication or to supervise the taking of medication by my child.

It is understood that the undersigned parent/guardian shall immediately notify the school personnel in writing in the event the prescription shall be discontinued or modified.

The medication must be brought to school in a container appropriately labeled by a physician or pharmacy. Refills of the prescription shall be the responsibility of the parent/guardian.

Further, the undersigned shall release and indemnify the school district and its employees from any liability or damage which may result to the student from the administration of said medication as prescribed by the physician.

Signature of Parent/Guardian _____ Date _____

Home Phone: _____ Cell Phone: _____

Emergency Phone: _____

Name of Doctor: _____ Doctor's Phone: _____

OKEMOS PUBLIC SCHOOLS
AUTHORIZATION FOR ADMINISTRATION OF
NON-PRESCRIPTION MEDICATION

Student Name _____	Teacher _____	Date form received _____
Birth Date _____ Grade _____	School _____	

To be completed by a parent

Name of Medication _____

Reason for Medication _____

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

Anticipated Duration _____

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

_____ No _____ Yes, supervised _____ Yes, unsupervised

I give my permission for my child, _____, to carry the above medication with him/her during the school day. It is understood that the medication that is being carried cannot be shared with other students.

Please attach any additional information you feel necessary for the school to know regarding the administration of this medication.

Parent Consent:

I request that _____ receive the above medication at school according to the standard school policy.

I request that _____ be allowed to self administer the medication at school according to the school policy.

Date _____ Signature _____ Relationship _____

Phone #'s: Home _____ Work _____ Emergency _____

OKEMOS PUBLIC SCHOOLS

Medical Information Action Plan

Name: _____ Birth date: _____

Parent Name(s): _____

Parent Telephone Info: 1) _____ 2) _____

Teacher: _____ Physician Name/Phone: _____

Student's Condition _____

Is this condition life threatening? YES NO

Describe Condition:

Signs/Symptoms (in detail):

Emergency Procedures/Medical Protocol:

Step 1

Step 2

Step 3

**A separate form should be filled out for each medical condition if a student has more than one.*

Parent: By submitting this signed form, you give permission for this information to be shared with all appropriate school staff who have contact with this child.

Would you like classroom volunteers to have access to this information? YES NO

Parent Signature (required)

Date

Physician: Please sign below to indicate that you recommend/agree with the medical protocol stated above.

Physician Signature (required)

Date

ElemMedicalInfoActPlan