

INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan Public Schools
Educating our students to reach their full potential

Series Number 506.2.2AR Adopted January 1979 Revised July 2012

Title Administering Medication

1. Prescription Medication

- 1.1 Students requiring the administration of prescription medication at school shall provide the school with written authorization from their parent or guardian using Procedure 506.2.2.1P, Authorization for Administration of Prescription Medication at School. If the medication is to be given for more than two weeks or is a narcotic pain medication, a written order from a physician or dentist must be provided to the school using Procedure 506.2.2.1P, Authorization for Administration of Prescription Medication at School, or other appropriate documentation.
- 1.2 Prescription medication shall be brought to the school nurse, preferably by the parent or guardian, in a container appropriately labeled by a pharmacist. With the exception of inhalers, Epinephrine auto-injector pens (EpiPens) and/or insulin authorized by the student's parent or guardian (see section 1.2.2 below), prescription medication shall be kept in the school nurse's office.
 - 1.2.1 If the medication includes a controlled substance, the parent or guardian must give the school nurse written, signed information on the exact amount of medication that is being given to the student.
 - 1.2.1.1 The district has the right to ask parents to leave no more than a 30-day supply of any controlled substance with the school nurse.
 - 1.2.2 Students may carry inhalers, EpiPens and/or insulin with them during the school day once the school nurse receives either Procedure 506.2.2.1.2.2P, Authorization for Student Possession and Self-Medication with Inhaler, EpiPen and/or Insulin at School, and/or an Anaphalaxis Action Plan with the appropriate documentation.
- 1.3 Prescription medication shall be administered by the school nurse or, in his or her absence, other appropriate school personnel as designated by the principal in consultation with the school nurse.
 - 1.3.1 With the exception of EpiPens or medications the student is authorized to self-administer, medication that is not taken orally may only be administered by a licensed school nurse (LSN), or a registered nurse (RN) or a licensed practical nurse (LPN) under the direction of a LSN.
 - 1.3.2 School nurses shall not administer allergy shots.
- 1.4 Students observed administering medication (other than students authorized to possess and self-administer an inhaler, EpiPen and/or insulin per section 1.2.2 above) to themselves shall be reported to their parent or guardian by the school nurse or other appropriate personnel, and disciplinary measures will be taken as described in Administrative Regulation 503.3AR, Student Behavior Expectations and Consequences for Misbehavior.
- 1.5 School nurses will not return prescription medication to a student to take home. If medication remains in the nurse's office after the end of a school year or when a student is no longer attending the school or after the medication is discontinued, the school nurse will contact the student's parent or guardian to let them know that they have one month to pick up the medication; if the medication is not picked up, it will be destroyed.

2. Non-Prescription Medication

- 2.1 Subject to the flexibility provided in section 2.2, a specific non-prescription medication may only be given to the student if the school has received written authorization from the student's parent or guardian to give that particular medication to their child, and if the medication is provided to the school nurse in its original container. District nurses administer medications approved by the Food and Drug Administration in age-appropriate dosages. Permission to administer non-prescription medication may be given on the district emergency information card (Procedure 506.2.1.1P [elementary] or Procedure 506.2.1.2P [middle school and high school]) or in another written form with parent or guardian signature. The school nurse shall use his or her professional judgment to determine the need for non-prescription drugs.
- 2.2 A student in grades 7-12 may possess and use nonprescription pain relief in a manner consistent with the labeling, if the school has received written annual authorization from the student's parent or guardian permitting the student to self-administer the medication. Permission may be given on the district emergency information card (Procedure 506.2.1.2P) or in another written form with parent or guardian signature. The school may revoke the student's privilege to possess and use non-prescription pain relief if it is determined that the student is abusing the privilege. This section does not apply to the possession or use of any drugs or product containing ephedrine or pseudoephedrine as an active ingredient.
3. **Medication Schedule** – If it is not essential for medication to be given during school hours, school personnel shall work with the parent or guardian and health provider to adjust dosage so it can be administered outside of school hours.
4. **Record-keeping** – Administration of each dose of medication, other than self-administered medication by the student, shall be recorded electronically in the district student information system.

References: - Minnesota Statute 121A.222, Possession and use of nonprescription pain relievers by secondary students

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Series Number 506.2.2.1P Adopted December 1987 Revised April 2015

Title Authorization for Administration of Prescription Medication at School

Medication Authorization Form (ECSE – Grade 12)

Student _____ DOB _____ Grade _____ School Yr _____

School _____ Allergies _____

NOTE: Medication must be supplied in original labeled prescription bottle. *No narcotic pain medication will be administered during the school day unless authorized by a physician.					
Medication	ICD-10/Medical condition	Dose	Time	Route	Possible side effects
1.					
2.					
3.					

other considerations/directions _____

signature of physician/licensed prescriber _____ print name of physician/licensed prescriber _____ date _____

clinic name _____ clinic phone _____ clinic fax _____

Parent/Guardian Authorization

1. I request that the above medication(s) be given during school hours as ordered by my student's physician/licensed prescriber. I also request the medication(s) be given on field trips as prescribed.
2. I will notify the school of any change in the medication(s), i.e., dosage change, medication is stopped, etc.
3. I give permission for the medication(s) to be given by trained school personnel when delegated by the school nurse in her/his absence.
4. I release school personnel from liability in the event adverse reactions result from taking the medication.
5. This consent may be revoked at any time by sending a written notice to the licensed school nurse.

parent/guardian signature _____ date _____ relationship to student _____

Permission for Release of Information

1. I give permission for the school nurse to communicate, as needed, with school staff about my child's medical condition(s) and the action of the medication(s).
2. I give permission for the school nurse to consult with my child's physician/licensed prescriber about any questions regarding the listed medication(s) or medical condition(s) being treated by medication(s).
3. I give permission for the physician/licensed prescriber to release information related to the above medication(s) and medical condition(s) to the licensed school nurse.

parent/guardian signature _____ date _____ relationship to student _____

Return to _____ phone _____ fax _____
 RN, Licensed School Nurse

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Series Number 506.2.2.1.2.2P Adopted February 1990 Revised May 2015

Title **Authorization for Student Possession and Self-Medication with Inhaler,
EpiPen and/or Insulin at School**

Name of child _____

School _____ School year _____

Physician's Order for Student and Self-medication

Name of medication _____

Dosage _____

Time/frequency _____

Medical Condition/ICD-10 code _____

Possible side effects _____

Estimated termination date _____

The student is knowledgeable about the medication noted above and how to self-administer the medication.

Signature _____ Date _____
physician

Address _____

Telephone number _____

As authorized by my child's physician, I request that my child be allowed to carry and self-administer the prescribed medication noted above. I understand my child must carry this medication at all times in school or he/she will lose the right to carry and self-administer the medication at school.

Signature _____ Date _____
parent or guardian