

Administering Medications at School

Pacific Union Conference Education Code A23-124 Administering Medications:

Teachers are not to diagnose a health condition or give any internal medications, including aspirin, except as indicated in the following statement. Any student who is required to take medication during the regular school day as prescribed by a physician may be assisted by the school nurse or other designed school personnel if the school has on file the following:

- A. A written statement from such physician detailing the time schedules, amount, and method by which such medications is to be taken and,*
- B. A written statement from the parent or guardian of the student indicating the desire that the school assist the student in matters set forth in the physician's statement.*

Such medication must be delivered to the school in the original container bearing the pharmacy label. This label is to contain the name and place of business of the seller, the serial number and the date of such prescription, the name of the person for whom such a drug is prescribed, the name of the member of the medical profession who prescribed the drug, and must bear directions for use as prescribed by the member of the medical profession.

All medication must be stored safely and securely. A strict system of logging administered medications must be maintained. All medications should be returned to the parent at the end of the school year. New medication documentation (as stated above) is required for each school year.

Authorized students may need to carry emergency medication e.g. asthma inhalers, insulin, severe allergic reaction kits, or anticonvulsants. Documentation required for students who are allowed to carry and self-administer medication must include the signed consent of the physician, parent and student. The school office shall maintain a list of all students on medication.

Whenever possible, parents should be encouraged to arrange for medication to be administered at home. When necessary, school employees, may administer medications according to the guidelines in Code Item A23-124 and under the following circumstances:

- The following documentation must be at the school for administration of either prescription or non-prescription medication (see form)
 - Name of medication
 - Dosage - amount and time to be given
 - Route of administration
 - Signatures of physician and parent/guardian

- Medications must be brought to school by parent or guardian - not the student
- Any changes in type or dosage must have new authorization and newly labeled container
- All medications should be stored safely and securely, out of the reach of students, preferably in a locked location
- Student's medical privacy must be appropriately maintained
- Maintain a strict system of logging administered medications (see form). Logging sheets may be kept at the place of medication administration with a notice of "Additional Information is Kept..." placed in health folder identifying the information and where it is kept
- Upon completion of the logging sheet and/or at the end of the school year, the medication log and authorization forms should be placed in the student's red health folder.
- If prescription changes during the school year or at the end of the school year, remaining medication should be returned to the parent/guardian.

Self-medication administration

Authorized students may need to carry emergency medications, e.g. asthma inhalers, insulin, severe allergic reaction kits, anticonvulsants. Documentation required for students who are allowed to carry and self-administer medication must include the signed consent of physician, parent, and student (see form).

Authorization to Dispense Medication

Except for first aid, personnel shall not hand out prescription or nonprescription medications to a child without specific written authorization from the child's physician and the parent. All medication shall be stored and administered in accordance with the prescription or label instructions and kept in a safe place that is inaccessible to children. Each dose of medication given to a child shall be documented showing the child's name, name of medication, dosage, date and time given, and the name of the person dispensing the medication.

Student's Full Name	
School	
Name of Medication or Prescription	
Beginning Date	
Ending Date	
Time(s) of Day to be Given	
Amount/Dosage to be Given <i>(please supply your child's own dispenser for giving liquid medication)</i>	
Additional Instructions, if any	
Physician's Name	
Physician's Signature	

Self-Medication Administration Consent Form

Instructions: This form must be filled out and signed annually by the student's parent or guardian before the student will be allowed to carry and administer medication.

Student's Full Name	
Student's Date of Birth	
School of Attendance;	
Grade	
Teacher	
Parents Phone	Work: Cell: Home:
Medication(s)	1. 2.
Agreement Statement	<p>I understand and agree to the following:</p> <ol style="list-style-type: none"> 1. I agree to assume responsibility for sending my child's medication in its original prescription container 2. I agree to make certain that my child takes responsibility for taking the medication as prescribed. 3. I also agree that the Northern California Conference, the school and/or their employees shall not be liable for loss, damage, injury, or liability of any kind to any person caused or arising from acts, omissions or negligence of the school or its employees relating to the self-administered medication by my child.

Parent/Guardian Agreement	<p>I have read and understand this form and consent to the above provisions.</p> <p>Signature _____</p> <p>Date _____</p>
Student Agreement	<p>I agree and feel competent to take my own medication as prescribed. I will not at any time share my medication with another student and I will keep it secure from other students.</p> <p>Signature _____</p> <p>Date _____</p>
Physician Agreement	<p>This student is under my care and needs to carry this medication with him/her at school. I have given the student instructions for administration of this medication and give authorization for the self-administration of this medication.</p> <p>Name of Physician _____</p> <p>Signature of Physician _____</p> <p>Date _____</p>



Adventist Education

Northern California Conference
Office of Education