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## MEDICATION, DISPENSING

## I. Medication Dispensed/Administered by School Personnel

Only medication that has been prescribed for a student by a physician will be administered by school personnel. The following pertain to medication brought to school to be administered by school personnel.

- A. All medication given by school personnel requires a written request on an EPS Authorization for the Administration of Medication form #N-6 or #N-13 stating the name of the student, medication, dosage instructions and the time it is to be given. It must be signed by the parent/guardian and a physician, and accompany the medication.
- B. Medication must be in a prescription vial, with the pharmacy label that states: physician's name, the name of the medication, and the directions for administration of the medication to a particular student. This could include an over-the-counter medication, such as cough medicine, aspirin, or any other domestic remedies, ONLY if a physician has made a diagnosis and has directed that a specific medication be given to that student. Non-prescription medicines must be in the original container and be accompanied by the physician's written request and instructions for administration at school. In the event a physician provides sample medication for the student, a signed statement from the physician must accompany the medication, stating the name of the medication, dosage provided, and directions for administration.
- C. <u>Authorization for the Administration of Medication forms #N-6 and N-13 are available in school offices and on the District website at http://www.edmondschools.net/Parents/HealthWellnessofStudents.aspx.</u>
- D. The permission for all medications is effective for the school year for which it is granted and shall be renewed each subsequent school year.

When medication to be administered by school personnel is brought to school, the following procedure should be followed:

- A. Place the medication in a separate clasp manila envelope, on which has been attached a blank "Administration of Medication" form. The person accepting the medication will check:
  - 1. The written request from the parent, noting the name of the student, name of the medication, dosage, and time to be given.
  - 2. Check the medication vial, bottle or box, brought by the parent, to ascertain that it has a pharmacy label that states the student's name, physician's name, name of medication, dosage and frequency of dosage, and that it corresponds with the parent's/guardian's written request.

3. Complete the top part of the "Administration of Medication" form on the envelope that asks for the student's name, date medication received, name of medication to be given, dosage and the time it is to be given.

B. Medication will be stored in a drawer or cabinet, preferably locked, in an area that is not generally accessible to students.

## **II. Self-Administered Medication**

Pursuant to Oklahoma law, students may be allowed to carry and self-administer prescribed asthma, anaphylaxis or diabetes medication(s) according to the provisions of this policy. The district shall not incur any liability as a result of any injury arising from the self-administration of asthma anaphylaxis or diabetes medication(s) by a student. If the requirements of this policy are fulfilled, a student diagnosed with asthma, anaphylaxis or diabetes may possess and use his or her labeled asthma, anaphylaxis or diabetes medication(s) at all times.

The student's parent or guardian shall:

- A. Provide the school with a written statement on form #N-13 as prescribed by the Board of Education authorizing the self-administration of asthma, anaphylaxis or diabetes medication(s). Such written statement shall acknowledge that the District shall not incur any liability as a result of any injury from the self-administration of asthma, anaphylaxis or diabetes medication(s) by a student.
- B. Provide the school with a written <u>and signed</u> statement from the student's treating physician containing the following information:
  - 1. That the student has asthma, anaphylaxis or diabetes;
  - 2. That the student is capable of and has been instructed in the proper method of self-administration of the student's asthma, anaphylaxis or diabetes medication(s);
  - 3. The name and purpose of the asthma, anaphylaxis or diabetes medication(s);
  - 4. The prescribed dosage; and
  - 5. The time or times at which and special circumstances, if any, under which the asthma, anaphylaxis or diabetes medication is to be administered.
- C. Provide the school with an emergency supply of the student's asthma, anaphylaxis or diabetes medication(s) to be administered pursuant to Oklahoma law by a school nurse or other authorized personnel.
- D. Provide asthma, anaphylaxis or diabetes medication to be carried by the student which is appropriately labeled with a prescription label reflecting the following:
  - 1. Student's name
  - 2. Prescription number
  - 3. Asthma, anaphylaxis or diabetes medication name and dosage
  - 4. Method of administration and dosage

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- 5. Date of prescription and refill
- 6. Licensed prescriber's name
- 7. Pharmacy name, address and telephone number
- 8. Name of pharmacist

The authorization of self-administration of asthma, anaphylaxis or diabetes medication(s) from the parent or guardian and from the physician shall be kept on file in the office at the school site where the student is enrolled. The authorization for self-administration of asthma, anaphylaxis or diabetes medication(s) shall be effective only for the school year in which the authorization is submitted by the student's parent or guardian. The parent or guardian shall be responsible for renewing an authorization for each subsequent school year.

For purposes of this policy, "asthma medication" and "anaphylaxis medication" shall mean a metered dose inhaler or dry powder inhaler to alleviate asthmatic symptoms, prescribed by a physician and having an individual label or an anaphylaxis medication used to treat anaphylaxis including but not limited to Epinephrine injectors, prescribed by a physician and having an individual label. "Self-administration" shall mean a student's use of asthma or anaphylaxis medication pursuant to a prescription or written direction from a physician.

For purposes of this policy, in accordance with the diabetes medical management plan of a student, a school shall permit the student to attend to the management and care of the diabetes of the student, which may include:

- 1. Performing blood glucose level checks;
- 2. Administering insulin through the insulin delivery system the student uses;
- 3. Treating hypoglycemia and hyperglycemia;
- 4. Possessing on the person of the student at any time any supplies or equipment necessary to monitor and care for the diabetes of the student; and
- 5.Otherwise attending to the management and care of the diabetes of the student in the classroom, in any area of the school or school grounds, or at any school-related activity.