

ADMINISTERING MEDICINES/PHYSICIAN PRESCRIBED SERVICES TO STUDENTS/EMPLOYEES

Storing and Dispensing of Medication/Providing Medical Procedures

This policy for medication taken during school hours and/or for providing medical procedures has been developed to protect the health of the student and the rights of the district and its employees. The following directives and guidelines apply:

1. Diagnosis and treatment of an illness are not responsibilities of the district and should not be practiced by any district employee.
2. School personnel shall not provide aspirin or any other patent medicine to students.
3. The dispensing or administration of medicine to a student shall be done only where the student's health may be impaired without it, and then only in compliance with this policy.
4. The district discourages the use of over-the-counter drugs and medication at school (cough drops, cough syrup, etc.) and disclaims responsibility for the same.
5. All drugs and medication for elementary and middle school students shall be stored securely in the central office of each building.
6. Students requiring medication at school shall be identified by the parent to authorized school personnel.
 - a. A written notification from the legal guardian shall accompany any request for medication dispersion at school.
 - b. A completed authorization form shall be submitted to the school principal within one day's time of any drugs or medication.
 - c. Drugs and medication shall be provided by the parent in the original container, including the student's name, medication name, physician, and dosage of the drug to be taken.
 - d. Drugs and medication shall be dispensed or administered only by the office personnel/school nurse of each school building.

- e. It shall be the student's responsibility to come to the office at the correct time for administration of the drug or medication. It will not be the district's responsibility to seek out each particular student at a given time for his/her particular drug or medication.
 - f. In specific situations, students may be responsible for their own drug or medication and self-administration. Parents shall be encouraged to send only a one-day supply of the required medication with the student.
 - g. High school pupils who are required to take medicine regularly, either prescription or non-prescription, shall report this to the nurse or designated employee so the school is aware of the medication being taken. Students on this level shall be responsible for taking their own drugs or medication.
- 7. If concerns arise regarding a specific situation, a referral to the school principal or the school nurse shall be made.
 - 8. Students may require physician-prescribed services during the school day. Parents/guardians of students requiring physician-prescribed services at school shall inform the principal and school nurse of the needs of the student. Parents/guardians shall be responsible for providing appropriate forms, equipment, and supplies necessary for the services. Persons assigned by the principal and supervised by the school nurse will provide physician-prescribed services.
 - 9. Recording forms for physician-prescribed services/medication will be kept on file at the school for one year and will then be destroyed. The health record will reflect that services/medications were provided. Records for services reimbursed by Medicaid will be retained for six years.

AUTHORIZATION AND RELEASE FOR MEDICATION/MEDICAL PROCEDURE
Huron Public Schools

I hereby authorize officials at _____ school to supervise the below-stated medication/medical procedure for:

Student's name _____

Dr. _____

Medication/Procedure _____ Dosage _____

Time (to be provided at school) _____ Duration _____

Reason child is taking medication/receiving medical procedure: _____

Precautions and reactions to observe and report _____

I request and authorize school personnel to administer the medication/procedures prescribed on this form to my child. I will furnish all supplies and equipment necessary for services. I understand the medication/services for physician-prescribed services must be provided in the original container, identifying the name and telephone number of the pharmacy, the student's name, physician's name, and dosage of the medication. I understand that the school district and individuals involved will not be held liable from any adverse effects of the medication. I give permission for communication that may be necessary between the prescribing physician and school nurse to insure safe medication administration for my child. In addition, I understand that I am responsible to pick up unused medication one week after the last dose is given if during the school year and on or before the last day of school. If the medication is not picked up, it will be destroyed.

Date Parent/Guardian Signature

Date Physician Signature

(Required for all prescription medications/medical procedures.)