

## **ADMINISTERING MEDICINES TO STUDENTS**

Medication administration at school may be necessary in order for a student to attend school on a regular basis or benefit from the educational program. If possible, all medication should be given by the parent/guardian at home. If this is not possible, it is done in compliance with the following.

1. The school nurse or an appropriate person designated by the Board supervises the secure storage and administration of medications. A locked cabinet is provided for the storage of the medication. Accurate records of medications given must be kept.
2. Written permission must be received from the physician or provider licensed to prescribe medication and the parent/guardian before any medications, prescription or nonprescription, may be administered by school personnel.
3. This written request must include instructions as to the name of the medication, dosage, time of dosage, duration of the medication and possible side effects. This written request will be valid for the present school year or until discontinued.
4. The parent/guardian must agree to submit a revised statement, signed by the physician or other licensed individual who prescribed the drug, to the nurse or other designated individual if any of the information originally provided by the physician or licensed individual changes.
5. The medication must be received in the original pharmacy-labeled or manufacturer's container with the student's name clearly noted.
6. Medications should be brought to school by the parent/guardian or a designated responsible adult. Only those students who have authorization to self-carry emergency meds may do so.
7. Designated persons employed by the board are authorized to administer to a student a drug prescribed for the student. Designated personnel include building administrators, certified and classified personnel. Effective July 1, 2011, only employees of the board who are licensed health professionals, or who have completed a drug administration training program conducted by a licensed health professional and considered appropriate by the board, may administer to a student a drug prescribed for the student.
8. No employee who is authorized by the Board to administer a prescribed drug and who has a copy of the most recent statement is liable in civil damages for administering or failing to administer the drug, unless he/she acts in a manner which would constitute "gross negligence or wanton or reckless misconduct."

9. No person employed by the Board is required to administer a drug to a student except pursuant to requirements established under this policy. The Board shall not require an employee to administer a drug to a student if the employee objects, on the basis of religious convictions, to administering the drug.

### Inhalers for Asthma

Students have the right to possess and use a metered-dose inhaler or a dry-powder inhaler to alleviate asthmatic symptoms or before exercise to prevent the onset of asthmatic symptoms. The right applies at school or at any activity, event or program sponsored by or in which the student's school is a participant.

In order for a student to possess the inhaler, he/she must have written approval from the student's physician and parent or other caretaker. The principal and/or the school nurse must have received copies of these required written approvals.

### Epinephrine Autoinjectors

Students are permitted to carry and use an epinephrine autoinjector (epi-pen) to treat anaphylaxis (severe allergic reactions). The right to carry and use an epi-pen extends to any activity, event or program sponsored by the student's school or activity, event or program in which the school participates.

Student possession of an epi-pen is permitted only if the student has written approval from the prescriber of the medication and, if a minor, from his/her parent. Written approval must be on file with the principal and, if one is assigned, the school nurse. In addition, the principal or school nurse must receive a backup dose of the medication from the parent or student.

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LEGAL REFS.: ORC [2305.23](#); [2305.2313313.64](#); [3313.712](#); [3313.713](#); [3313.716](#); [3313.718](#)  
[3314.03](#); [3314.141](#)OAC [3301-35-06](#)

CROSS REF.: [EBBA](#), First Aid  
[JFCH](#), Alcohol Use by Students  
[JFCI](#), Student Drug Abuse

## **ADMINISTERING MEDICINES TO STUDENTS**

Students needing medication are encouraged to receive the medication at home, if possible.

1. The person or persons designated to administer medication receives a written request, signed by the parent/guardian having care or charge of the student, that the drug be administered to the student.
  
2. Each person designated to administer medication (prescribed or over-the-counter) receives a statement, signed by the physician or other person licensed to prescribe medication, which includes all of the following information.
  - A. the name and address of the student
  
  - B. the school and class in which the student is enrolled
  
  - C. the name of the drug and the dosage to be administered
  
  - D. the times or intervals at which each dosage of the drug is to be administered
  
  - E. the date on which the administration of the drug is to begin
  
  - F. the date on which the administration of the drug is to cease
  
  - G. any severe adverse reactions which should be reported to the physician and one or more telephone numbers at which the person who prescribed the medication can be reached in case of an emergency
  
  - H. special instructions for administration of the drug, including sterile conditions and storage
  
3. The parent/guardian agree to submit a revised statement signed by the physician who prescribed the drug to the person designated to administer medication if any of the information provided by the person licensed to prescribe medication as described above changes.

4. The person authorized to administer the drug receives a copy of the statement described above.

5. The drug is received by the person authorized to administer the drug to the student for whom the drug is prescribed in the container in which it was dispensed by the prescribing physician or other licensed professional.

The person designated by the Board establishes a location in each school building for the storage of drugs to be administered. All such drugs shall be stored in that location in a locked storage place. Drugs which require refrigeration may be kept in a refrigerator in a place not commonly used by students.

No person who has been authorized by the Board to administer a drug and has a copy of the most recent statement which was given to him/her prior to administering the drug is liable for administering or failing to administer the drug, unless such person acts in a manner which constitutes "gross negligence or wanton or reckless misconduct."

A person employed by the Board is not required to administer a prescribed drug to a student unless a Board regulation establishes a requirement; furthermore, the Board shall not require an employee to administer a drug to a student if the employee objects, on the basis of religious convictions, to administering the drug.

Board policy and regulations regarding administration of medication must be formally adopted by the Board and may be changed, modified or revised only by action of the Board.

(Approval date: November 17, 1998)

(Re-approval date: March 18, 2003)

(Re-approval date: July 19, 2011)

## **ADMINISTERING MEDICINES TO STUDENTS**

(Use of Inhalers for Asthma)

In order for a student to possess and use an inhaler, he/she must have written approval from the student's physician and parent or other caretaker. The principal and/or the school nurse must have received copies of these required written approvals.

The physician's written approval must specify the minimum following information:

1. the student's name and address;
2. the name of the medication contained in the inhaler;
3. the date the administration of the medication is to begin;
4. the date, if known, that the administration of the medication is to cease;
5. written instructions which outline the procedures school personnel should follow in the event that the asthma medication does not produce the expected relief from the student's asthma attack;
6. any severe adverse reactions that may occur to the student using the inhaler that should be reported to the physician;
7. any severe reactions that may occur to another student for whom the inhaler is not prescribed, should he/she receive a dose of the medication;
8. at least one emergency telephone number for contacting the physician;
9. at least one emergency telephone number for contacting the parent, guardian or other person having care or charge of the student in an emergency and
10. any other special instructions from the physician.

In no circumstances will the District, any member of the Board or any Board employee be liable for injury, death or loss of person or property when a District employee prohibits a student from using an inhaler because the employee believes, in good faith, that the required written approvals have not been received by the principal. Additionally, liability cannot accrue because the employee permits the use of an inhaler when the employee believes, in good faith, that the written approval(s) have been received by the appropriate authority.

(Approval date: November 17, 1998)

(Re-approval date: March 18, 2003)

## **ADMINISTERING MEDICINES TO STUDENTS**

(Use of Epinephrine Autoinjectors)

Student possession of an epi-pen is permitted only if the student has written approval from the prescriber of the medication and, if a minor, from his/her parent/guardian. Written approval must be on file with the principal and, if one is assigned, the school nurse. In addition, the principal or school nurse must receive a backup dose of the medication from the parent or student.

The prescriber's written approval must specify at least the following information.

1. student's name and address;
2. names and dose of the medication contained in the autoinjector;
3. the date the administration of the medication is to begin and, if known, the date the administration of the medication is to cease;
4. acknowledgement that the prescriber has determined that the student is capable of possessing and using the epi-pen appropriately and has provided the student with training in the proper use of the epi-pen;
5. circumstances in which the epi-pen should be used;
6. written instructions that outline procedures school personnel should follow if the student is unable to administer the medication or the medication does not produce the expected relief from the student's anaphylaxis (allergic response);
7. any severe reaction that:
  - A. the student may experience that should be reported to the prescriber or
  - B. that may occur to another student for whom the medication is not prescribed, if that student receives a dose of the medication;
8. at least one emergency telephone number each for contacting the prescriber and the parent and
9. Any other special instructions from the prescriber.

Whenever a student is administered epinephrine at school or at an activity, event or program sponsored by the school or in which the school is a participant, a school employee must immediately request assistance from an emergency medical service provider. Request for medical assistance applies whether the student self-administers the medication or a school employee administers it to the student.

The Board and District employees are not liable in damages in a civil action for injury, death or loss to person or property allegedly arising if:

1. a school employee prohibits a student from using an epi-pen because he/she has a good faith belief that the conditions for carrying and using the medication have not been satisfied;
2. a school employee permits a student to carry and use an epi-pen because of the good faith that the conditions have been satisfied or
3. in instances in which a student is rightfully permitted to carry an epi-pen, the use of the medication by a student for whom it was not prescribed.

All immunities granted to schools under the sovereign immunity law or any other law apply.

(Approval date: November 18, 2008)

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