ADMINISTERING MEDICATION
(Prescription/Non-prescription)
TO STUDENTS

Medications should be administered at home whenever possible. If it is necessary for a student to take any medication (prescription/non-prescription) at school or during a school-sponsored activity, this may be done in accordance with state law and district guidelines.

It is the responsibility of the parent/guardian to complete an “Administering Medication to Students" form or facsimile. If medication is to be administered by school personnel, only school personnel who have been trained and delegated by the School Nurse, and authorized in writing by the building administrator may administer medication in compliance with the written instructions of the prescribing practitioner (in the case of prescription medication) or parent/guardian (in the case of prescription and non-prescription medication).

ADOPTED: April 30, 1990

REVISED: July 23, 1990
December 17, 1990
July 25, 1994
November 25, 2002
June 24, 2013

LEGAL REF.: Wisconsin Statutes: 118.29
118.291

CROSS REF.: JHCA-R, Guidelines for Administering Medication to Students
JHCA-E(1), Administering Medication to Students
JHCA-E(2), Student Medication Record
JHCA-E(3), Staff Authorization to Administer Medication
JHCA-E(4), Notice to Parents/Guardians Regarding Medication Administration to Students at School or During a School-Sponsored Activity
JHCA-E(5), Food Allergy Action Plan
JHCA-E(6), School Asthma Care Plan

REVIEW DATE: June 24, 2013

GUIDELINES FOR ADMINISTERING MEDICATION TO STUDENTS

I. Definitions

A. Prescription Medication: A substance recognized as a drug defined in Wis. Stat. 450.01 (1)(10) (a-d). This statute defines drugs as: Any Substance recognized in the official U.S. Pharmacopoeia and national formulary of Homeopathic Pharmacopoeia of the U.S. or any supplemental publication of these references. Any substance involved in the diagnosis, cure, mitigation, treatment or prevention of disease or other conditions in people. Any substance other than a device or food intended to affect the structure or function of the body of the person. Any substance which is intended for the use or consumption in or for the mechanical, industrial, manufacturing, or scientific application or purposed.

B. Non-prescription Medication: Those non-narcotic drugs which can be obtained over the counter, without a prescription for use by consumers and labeled in accordance with the requirements of state and federal law.

C. Prescribing Practitioner: A physician, dentist, optometrist, physician assistant, advanced practice nurse prescriber, or podiatrist licensed in any state.

D. Controlled Substances: Those drugs which are defined and regulated by the Uniform Controlled Substances Act of 1970.

II. Training of Designee

The school nurse, in collaboration with a school administrator, has the authority to delegate medication administration to a school employee in compliance with Wisconsin State Statute 441.06(4) and Wisconsin Administrative Code N 6.03(3) if the following are met:

A. The task must be commensurate with the education, preparation, and demonstrated abilities of the delegate.

B. The school nurse will provide direction (training) and assistance to the delegate for all medications, including oral medications. DPI-approved medication training is required for medication administered via inhaled, injectable, gastrostomy and jejunostomy routes of medication administration.

C. The delegate must submit verification of completion of the DPI training to the school nurse and complete a hands-on competency skill testing before being allowed to administer any medication in a route other than oral. Staff training will occur at a minimum every two years or as defined by Wisconsin Department of Public Instruction (DPI).

D. School personnel will be informed on a need-to-know basis when a student is taking medication for serious or chronic health conditions so that they can observe for side effects to the medications.

III. Consent to Administer

A. Prescription Medications

Students requiring prescription medication at school will have an Administering Medication to Students form or facsimile completed and on file in the school's health room. Parent/guardian and practitioner signatures are required.

A "Food Allergy Action Plan" may be used in place of the "Administering Medication to Students" form for students with food allergies requiring emergency medications (i.e. diphenhydramine and/or epinephrine).

A "School Asthma Care Plan" may be used in the place of the "Administering Medications to Students" form for students with asthma requiring asthma medications while at school (i.e., inhalers and nebulizers).

Prescription medications must be supplied in a pharmacy-labeled container which specifies the student's name, name of the practitioner, the name of the drug, the correct dosage, administration instructions and effective date. Sample medications dispensed by a practitioner must also be labeled accordingly. It is the parents' responsibility to supply the medication to the school. It is the parents' responsibility to have the prescribing provider complete the Administering Medication to Students form and submit to school staff. Medications will not be administered to a student until the above steps have been completed in accordance with Wisconsin State Statute(s).

The school nurse will be informed by school personnel of all students receiving medication and any changes in dosage. The nurse will review the medication record periodically and use professional judgment in contacting the practitioner, school personnel, or parents to resolve inconsistencies in administration directions.

"Pre-procedural" medication will not be administered by school personnel.

Controlled substance medications used for pain control/cough will be reviewed by the School Nurse prior to accepting medication order from a licensed prescribing practitioner and parent(s)/ guardian(s).

It is the parent's responsibility to split pills that require splitting to achieve the correct dosage.

The District's medical advisor may authorize the use of Epinephrine auto-injectors on any student or staff member for treatment of potentially life-threatening allergic reactions. Any time an epinephrine auto-injector is administered at school, either by a school staff member or a student who self-administers the epinephrine, 911 will be called and the student will be transported to the nearest ER.

B. Non-prescription Medications

Non-prescription medication (over-the-counter) which is FDA approved can be administered. The Administering Medication to Students form must be completed by the parent/guardian and be on file at school authorizing school personnel to administer. This form must be completed annually.

Non-prescription drugs must be supplied by the parent in the original manufacturer's packaging listing ingredients and recommended therapeutic dose and with the student's name affixed.

School staff will not administer non-prescription medication to a student that exceeds manufacturer's recommendation dose unless written authorization has been provided by the student's prescribing practitioner.

C. Food Supplements, Natural Products

For the safety and protection of students, food supplements and natural products will not be given in the school setting unless approved by the FDA or prescribed by a licensed practitioner. The Administering Medication to Students form must be completed by the parent/guardian and be on file at school authorizing school personnel to administer. This form must be completed annually. The following criteria must be met:

- An original container is provided
- Use for student is indicated
- Appropriate dosing for student is clearly stated on the label/packaging insert
- Possible untoward effects are listed
- Signed parent/guardian statement
- Signed practitioner consent if non-FDA approved

Parents/guardians may come to school to administer natural products.

IV. Self-Administered Medication

A. Students with asthma may possess and self-administer metered dose inhalers or dry powder inhalers for the purpose of preventing or alleviating the onset of asthmatic symptoms. The student must have a completed Administering Medication to Student form signed by the physician and parent/guardian on file in the school office that states the student may self-administer the prescribed inhaler.

B. Students in grades EC-8 may not self-administer non-prescription medication while at school or during a school-sponsored activity with the exception of cough drops. Cough drops must be brought to school in the original container and may not be shared with other students. Students must notify the school office upon their arrival that they have cough drops in their possession.

C. Responsible 9th-12th grade students, as determined by the parent, school nurse, and administrator, may possess and self-administer non-prescription medications as long as a completed Administering Medication to Student form is on file in the school office. Students are not allowed to self-administer prescription medication with the exception of emergency medication such as inhaler, insulin and epinephrine auto-injector (epi-pen), and medications for students in grades 9-12 on overnight school sponsored trips.

D. Responsible students in grades 9-12, as determined by the parent, school nurse and administrator, may carry and self administer their own prescription and non-prescription medications while on overnight trips. Factors to consider include the type of medication, the reason for the medication, the age of the student, and the responsibility of the student. An "Authorization to Carry and Self Administer Medication" form must be completed for all medications. An "Administering Medications to Students" form and a physician's signature are required for all prescription medications. Only enough medication to last the duration of the trip should be sent with the student. The student shall keep the medications in a safe place.

E. At no time is a student allowed to share medication with another student.

V. Medication Storage and Transport

Medication will be stored in a secure location. Medication which needs to be accessible to the student will be stored in an appropriate location per student need (i.e., emergency medications). Medication will be stored to maintain quality (i.e., refrigeration).

At no time shall any student be allowed to possess or transport a controlled substance (i.e., Ritalin, Tylenol with codeine) while at school. It is the parent/guardian's responsibility for safe transport of **all** medication (prescription and non-prescription) to the school office for medication that school staff will be administering.

The parent/guardian will pick up unused portions of medication within seven days after the completion of the school year or when medications have been discontinued during the school year. After written/verbal notification, medications will be destroyed.

VI. Documentation

An accurate individual student medication administration log will include:

- demographic data such as name, level/grade, school year;
- medication name, dose, date/time given;
- a signature of person administering;
- dose changes with date and signature of designee;
- appropriate documentation of medication (completed immediately after the administration to the student) to assure accuracy and safety; and
- appropriate documentation of any medication errors (must be completed immediately). A Mediation Administration Incident Report should be completed along with notification of parents, school nurse, and building administrator.

VII. Rights and Responsibilities

Designated school personnel have the responsibility to:

- See that the medication is given within 30 minutes before or after the time specified by parent and practitioner.
- Maintain the medication administered at school in a secure place which also maintains medication quality (i.e., refrigeration for liquid antibiotics).
- Report to the school nurse any dose changes, inconsistencies, or medication side effects.
- Document all medication administered or reason medication may not be administered (absent, refusal, no meds at school) and notify school nurse.
- Report errors and or missed medications to the school nurse immediately.

Designated school personnel will refuse to administer medication to students when the medication administration procedures as described in Section III above have not been completed.

The professional school nurse has the responsibility to:

- Review medications and any changes in medications administered at school.
- Use professional judgment in carrying out the policy.
- Provide training, supervision, and evaluation of the administration of medication in the school.
- Maintain records of staff completion of medication administration training as outlined by DPI.

VIII. Distribution of Policy and Liability Waiver

A. All school employees who are authorized to administer drugs to a student will have access to this policy and will be advised that pursuant to the provision in Wisconsin State Statute 118.29, they are immune from civil liability for any acts or omissions in administering a drug or prescription drug to a student in accordance with this policy unless the act or omission is found by a court to constitute a high degree of negligence.

B. The district administrator or any school principal who authorizes an employee to administer a drug or prescription drug to a student is immune from civil liability for the act of authorization unless it constitutes a high degree of negligence.

6/24/13

SCHOOL DISTRICT OF JEFFERSON
GUIDELINES FOR IMPLEMENTATION

Reference Code: JHCA-E(1)

ADMINISTERING MEDICATION TO STUDENTS

(Please return to your child's school)

Student Name_____ Practitioner's Name _____

Date of Birth _____ Male _____ Female _____ Practitioner's Address _____

School_____ _____

Parent/Guardian _____ Practitioner's Phone _____

Home Phone_____ Work Phone_____ Practitioner's Fax_____

To Parent/Guardian/Practitioner:

In accordance with state law, school personnel may give prescription medication to students only with complete directions from a practitioner and signed consent by the student's parent/guardian. School personnel may give non-prescription medication to students only with directions and signed consent from the student's parent/guardian. Medication must be supplied in the original container or packaging. For safety and liability reasons, medication received in any container or package other than the original will not be acceptable for staff administration. By signing this form, you release the Board of Education, its agents and employees from any and all liability which may result from taking this medication.

If prescription medication is to be administered at school or during a school-sponsored activity, the following information must be completed by the student's practitioner and signed by both the parent/guardian and practitioner. If non-prescription medication is to be administered, the following information must be completed and signed by the student's parent/guardian.

Medication_____ Dosage_____ Frequency_____

Start Date_____ End Date_____

Form: _____Tablet/Capsule _____ Liquid _____ Inhaler _____ Nebulizer _____ Injection

_____ For episodic emergency events only _____Other_____

Time(s) to be given_____ Reason for this medication_____

If given on an "as needed" basis, please describe_____

Special instructions_____

Side effects (expected or predictable)_____

*Emergency Medications (inhaler, glucagon, insulin, epipen) student to self-administer/carry _____Yes _____No

Parent/Guardian Signature:_____ Date:_____
(Signature required for prescription and non-prescription medication)

As the authorizing physician, I am willing to accept direct communication from the person dispensing and administering the above medication.

Practitioner's Signature:_____ Date:_____
(Signature required for prescription medication only)

SCHOOL DISTRICT OF JEFFERSON
GUIDELINES FOR IMPELMENTATION

Reference Code: JHCA-E(2)

STUDENT MEDICATION RECORD

STUDENT_____ DATE OF BIRTH_____ SCHOOL_____

MEDICATION_____ DOSE_____ SCHEDULED TIME_____

DATE OF ORDER_____ PRACTITIONER'S NAME_____ TEACHER/GRADE_____

Use one sheet per medication. Write time and initials when medication is given or indicated with appropriate code. Initials indicate that the medication was given as ordered, without difficulty. Sign and date at bottom only once to identify initials. Comments are to be written on back of form.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Aug																															
Sep																															
Oct																															
Nov																															
Dec																															
Jan																															
Feb																															
Mar																															
Apr																															
May																															
Jun																															
Jul																															

Signature Person Administering	Initials

Codes

A = Absent	E = Error, see back page
X = No School	O = Other, see back page
N = No medication	R = Refused, see back page
1 Box = 0.5 Nursing Units	

E = Medication error: Include reason for error. Contact Administrator and Nurse
O = Other concern. Describe in comment section.

Date	Time	COMMENTS

STAFF AUTHORIZATION TO ADMINISTER MEDICATION

In accordance with Wisconsin Statute 118.29(2), you are hereby authorized and directed to administer medication to students following the procedures outlined in JHCA-R. A copy of JHCA-R is attached for your review.

Please be informed, also, that Section 118.29(2) provides you with immunity from civil liability for acts or omissions in administering non-prescription or prescription medication to a student unless the act or omission constitutes a high degree of negligence.

As the authorized personnel assigned to administer medication to students in my appointed building, I understand and will abide by the current administration policy and procedure of the School District of Jefferson.

DESIGNEE'S SIGNATURE_____ INITIALS____ DATE_____

BUILDING ADMINISTRATOR'S SIGNATURE_____ DATE_____

SCHOOL NURSE SIGNATURE_____ DATE_____

THIS FORM IS TO BE COMPLETED ANNUALLY.

11/25/02

NOTICE TO PARENTS/GUARDIANS REGARDING MEDICATION ADMINISTRATION TO STUDENTS AT SCHOOL OR DURING A SCHOOL-SPONSORED ACTIVITY

If possible, please arrange for your child to take medication outside of school hours and outside of school-sponsored activities. Practitioners can often prescribe medications to be given before or after school.

Students in grades EC-12 may not self-administer or carry any prescription medication. However, students in grades EC-12 who need to carry and self-administer certain emergency prescription medication, such as epi-pen, asthma inhaler, insulin, glucagon, may do so if a medication form is completed by the student's practitioner and parent/guardian. The student should keep these emergency medications in a safe place.

Students in grades EC-8 may not self-administer non-prescription medication while at school or during a school-sponsored activity with the exception of cough drops. Cough drops must be brought to school in the original container and may not be shared with other students. Students must notify the school office upon their arrival that they have cough drops in their possession.

Students in grades 9-12 may self-administer oral non-prescription medication while at school or during a school-sponsored activity. In such cases, a medication form shall be completed by the parent/guardian. Oral non-prescription medications must be brought to school in the original container. The student may keep such medication in their locked locker, however, it is highly encouraged that medication be kept locked in the office. Students self-administering non-prescription medication may not provide this medication to other students.

If your child must take medication at school or during a school-sponsored activity, you must provide the following in accordance with School District of Jefferson policy and procedures:

FOR PRESCRIPTION MEDICATION:

1. A parent/guardian and the practitioner must fill out and sign a medication form. The written orders from the practitioner must include the current name of the medication, amount to be given, reason for taking the medication, time of day to be administered, and side effects of the medication.

2. If the medication is to be administered by school personnel, a pharmacy labeled container (most pharmacists will give you an extra one for school use by asking) with a small amount (1-2 weeks) of medication in it. The label must contain the name and telephone number of the pharmacy, student's name, name of practitioner, name of the drug and the dosage to be given. Parents/guardians should restock and provide safe delivery of medications to school. The school will keep these medications in a locked area in the school office.

FOR NON-PRESCRIPTION MEDICATION:

1. A parent/guardian must complete and turn in to the office a medication form.

2. If the medication is to be administered by school personnel, the medication must be provided to the school by the parent/guardian, in the original manufacturer's container or package with the student's name on it. Small containers are encouraged. Parent/guardian instructions may not exceed the recommended manufacturer dosage.

11/25/02

FOOD ALLERGY ACTION PLAN

Student Photo

STUDENT'S NAME: _____ D.O.B._____

TEACHER: _____

ALLERGY TO:_____

Asthmatic Yes*_____ No_____ *Higher risk for severe reaction

STEP 1: TREATMENT

SYMPTOMS		Give Checked Medication: *(To be determined by physician authorizing treatment.)*
• If a food allergen has been ingested, but no symptoms:		___ Epinephrine ___ Antihistamine
• Mouth	Itching, tingling, or swelling of lips, tongue, mouth	___ Epinephrine ___ Antihistamine
• Skin	Hives, itchy rash, swelling of face or extremities	___ Epinephrine ___ Antihistamine
• Gut	Nausea, abdominal cramps, vomiting, diarrhea	___ Epinephrine ___ Antihistamine
• Throat**	Tightening of throat, hoarseness, hacking cough	___ Epinephrine ___ Antihistamine
• Lung**	Shortness of breath, repetitive coughing, wheezing	___ Epinephrine ___ Antihistamine
• Heart**	Thready pulse, low blood pressure, fainting, pale, blueness	___ Epinephrine ___ Antihistamine
• Other**	_____	___ Epinephrine ___ Antihistamine
• If reaction is progressing (several of the above areas affected), give		___ Epinephrine ___ Antihistamine

The severity of symptoms can quickly change. **Potentially life-threatening.

DOSAGE:

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject™ 0.3mg Twinject ™ 0.15mg

Antihistamine: give _____
medication/dose/route

Other: give_____
medication/dose/route

Student may carry above medications ___Yes ___No Student may self administer above medications ___Yes ___No

STEP 2: EMERGENCY CALLS

1. Call 911. State that an allergic reaction has been treated and additional epinephrine may be needed.

2. Dr. _____ at_____ ➔

3. Emergency Contacts:

	NAME/RELATIONSHIP	PHONE NUMBER(S)	
a.	_____	1) _____	2) _____
b.	_____	1) _____	2) _____
c.	_____	1) _____	2) _____

Even if parent/guardian cannot be reached, do not hesitate to medicate or take child to medical facility!

Parent/guardian signature_____ Date_____
(Required)

As the authorizing physician, I am willing to accept direct communication from the person dispensing and administering the above medication.

Doctor's signature_____ Date_____
(Required)

To Parent/Guardian/Practitioner: In accordance with state law, school personnel may give prescription medication to students only with complete directions from a practitioner and signed consent by the student's parent/guardian. School personnel may give non-prescription medication to students only with directions and signed consent from parents/guardians. Medication must be supplied in the original container or packaging. For safety and liability reasons, medication received in any other container or package other than the original will not be acceptable for staff administration. By signing this form, you release the Board of Education, its agents and employees from any and all liability which may result from taking this medication.

TRAINED STAFF MEMBERS

1. _____ Room _____

2. _____ Room _____

3. _____ Room _____

4. _____ Room _____

School District of Jefferson

School Board Policy JHCA-E(6)
Guidelines for Implementation

Photo of child

SCHOOL ASTHMA CARE PLAN

Name:	Birth Date:
Teacher:	Grade:
Parent/Guardian:	Cell Phone:
Home Phone:	Work Phone:
Other Contact:	Phone:
Preferred Hospital:	

Triggers: ☐ Weather (cold air, wind) ☐ Illness ☐ Exercise ☐ Smoke ☐ Dog/Cat ☐ Dust ☐ Mold ☐ Pollen
Other: _____

GREEN ZONE: PRETREATMENT STEPS FOR EXERCISE (Health provider please complete section)

☐ Give 2 puffs of rescue med *(name)* _____15 minutes before activity (Circle indication: Phys Ed class, exercise/sports, recess) Explanation:_____

☐ Repeat in 4 hours if needed for additional or ongoing physical activity

YELLOW ZONE: SICK – UNCONTROLLED ASTHMA (Health provider complete dosing for rescue medication)

IF YOU SEE THIS:	DO THIS:
- Difficulty breathing - Wheezing - Frequent cough - Complains of chest tightness - Unable to tolerate regular activities but still talking in complete sentences - Other:	- Stop physical activity - Give rescue med *(name)*:_____ ☐ 1 puff ☐ 2 puffs ☐ Via spacer ☐ other:_____ - If no improvement in 10-15 minutes, repeat use of rescue med: ☐ 1 puff ☐ 2 puffs ☐ Via spacer ☐ other:_____ - If student's symptoms do not improve or worsen, call 911 - Stay with student and maintain sitting position - Call parents/guardians and school nurse - Student may resume normal activities once feeling better

- If there is **no rescue medication at school**:
  - Call parents/guardians to pick up student and/or bring inhaler/ medications to school
  - Inform them that if they cannot get to school, 911 may be called

RED ZONE: EMERGENCY SITUATION (Health provider complete dosing for rescue medication)

IF YOU SEE THIS:	DO THIS IMMEDIATELY:
- Coughs constantly - Struggles or gasps for breath - Trouble talking (can speak only 3-5 words) - Skin of chest and/or neck pull in with breathing - Lips or fingernails are gray or blue - ↓ Level of consciousness	- Give rescue med *(name)*:_____ ☐ 1 puff ☐ 2 puffs ☐ Via spacer ☐ Other:_____ - Repeat rescue med if student not improving in 10-15 minutes ☐ 1 puff ☐ 2 puffs ☐ Via spacer ☐ Other:_____ - Call 911 Inform attendant the reason for the call is asthma - Call parents/guardians and school nurse - Encourage student to take slower deeper breaths - Stay with student and remain calm - *School personnel should not drive student to hospital*

INSTRUCTIONS for RESCUE INHALER USE: (HEALTH PROVIDER: PLEASE CHECK APPROPRIATE BOX(ES)

☐ Student understands the proper use of his/her asthma medications, and in my opinion, can carry and use his/her inhaler at school independently
☐ Student is to notify his/her designated school health officials after using inhaler
☐ Student needs supervision or assistance to use his/her inhaler. If not self carry, the inhaler is located: _____
☐ Student has life threatening allergy, the Epi-pen® is located:_____

_____ _____ _____
HEALTH CARE PROVIDER SIGNATURE **PLEASE PRINT PROVIDER'S NAME** **DATE**

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our physician. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring devices. I approve this Asthma Care Plan for my child.

_____ _____
PARENT SIGNATURE **DATE**

_____ _____ ☐ 504 Plan (or) ☐ IEP
School Nurse Signature Date

Copies of plan provided to: ☐ Teachers ☐ Phys Ed/Coach ☐ Principal ☐ Main Office ☐ Bus Driver
☐ Other: _____

5/13/13