

## Uniform Guidelines for the Administration of Medication during School Hours

The Schuylkill Haven Area School District recognizes that parents have the primary responsibility for the health of their children. Although the district strongly recommends that medication be given in the home, it realizes that the health of some children requires that they receive medication while in school.

Parents should confer with the child's physician to arrange medication time intervals to avoid school hours whenever possible. When medication absolutely must be given during school hours, certain procedures must be followed. The district policy for administration of medication by school health personnel is based on Pennsylvania State Law as well as administrative guidelines issued by the Pennsylvania Department of Health and Education.

### **For Prescription & Non-Prescription (Over the Counter) Medications:**

1. The physician (Medical Doctor, Doctor of Osteopathy, Dentist, Physician Assistant or Nurse Practitioner) must complete the request for administration of medication form (attached) Forms are available from the school nurse. No medication will be administered until form is completed and on file in the nurse's office. This includes prescription and over the counter medicine (Tylenol, cold tablets, cough syrup etc.). Medication orders may be faxed directly to school from the physician's office.
2. The parents must sign the parent/guardian consent section on the form.
3. Any medication to be given during school hours must be delivered directly to the school nurse or health room technician by the parent or responsible adult. The medication must be brought to school in the original pharmaceutically dispensed and properly labeled container. When an adult other than the parent/guardian delivers medication to the school, the container should be placed in a sealed envelope with the student's name. It should be delivered to the health office upon the student's arrival at school and the parent or guardian assumes full responsibility for any medication sent to school. A refrigerator is available if necessary.
4. If the medication is changed, a new written order from the physician, CRNP, or PA is needed.
5. All medication is to be maintained and administered in the school health room. No medications are to be kept in the classroom. No student is to carry medication, prescription or non-prescription, with them in school, exceptions are inhaler medications or medication for life-threatening conditions, provided the necessary requirements are met. Students with an asthma inhaler, EpiPen or Insulin may keep the medication with them to self administer only if the prescribing physician, CRNP, or PA determines it is a medical necessity and completes a Self-Administration of Medication authorization form. These forms are available from the school nurse.
6. In grades K-4 individualized plans will be made for the administration of medication by the school nurse. Students in grades 5 through 12 will be responsible for reporting to the nurse's office at the time the medication is to be given. The school nurse will inform appropriate teachers of medication schedules.
7. Except in truly emergency situations (Asthma Inhalers or EpiPens), teachers may not administer individually prescribed medications.
8. The legal standards for administration of medication remain constant for field trips. Be advised that it is a violation of the Pharmacy Act for a school nurse to pour or repackage medication for a teacher or other person to administer. School nurses do not accompany students on field trips. Please contact the school nurse well before the field trip. Options are listed on the Field Trip Permission Form. (Attached).
9. Medications arriving in baggies or envelopes etc. will not be accepted or administered.
10. It shall be the responsibility of the parent to pick up their children's medication by the end of the school year. (prescription & non-prescription)
11. Weather delay often disrupts the student's medication time at home. The school dose must be adjusted accordingly. Please call the health office if the medication dose needs to be adjusted.
12. For each new school year, you must submit a new medication order from the Physician, CRNP, or PA.

**SHASD Medication Administration Consent & Licensed Prescriber Order**  
**For Prescription & Non-Prescription ("Over-The-Counter") Medication**

Student Name: \_\_\_\_\_

Date/Time: \_\_\_\_\_

School: \_\_\_\_\_

Teacher/Grade: \_\_\_\_\_

In accordance with school policy, medication(s) should be given at home before and/or after school. However, when this is not possible, prior to receiving the medication at school, **each student** must provide the school nurse with a *Medication Administration Consent* form signed by the student's parent/guardian and a *Medication Order* from a licensed prescriber. All medications must be in an original prescription bottle/container from a pharmacy.

**Parent/Guardian Consent:**

I give my permission for my child, \_\_\_\_\_, to receive the following medication ordered by a licensed prescriber during the school day. I understand that the medications will be given by school health personnel according to my child's licensed prescriber's directions. We hereby release the Schuylkill Haven Area School District and its employees from and all liability for damages our child may suffer as a result of the request.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian name printed: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medication Delivery:**

Parent/Guardian Signature or Designated Adult Delivering Medication: \_\_\_\_\_

\_\_\_\_\_

Date	Time	Amount of Medication Delivered
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Signature of School Health Personnel Receiving the Medication: \_\_\_\_\_

**Licensed Prescriber Medication Order:**

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Route and Dosage: \_\_\_\_\_

Time of Administration: \_\_\_\_\_

Directions: \_\_\_\_\_

Possible Side Effects or Contraindications: \_\_\_\_\_

Discontinuation Date: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Medications That Student Is Current Taking: \_\_\_\_\_

Licensed Prescriber Signature: \_\_\_\_\_

Licensed Prescriber Name Printed: \_\_\_\_\_ Phone: \_\_\_\_\_

**Fax Numbers**

Elementary Center 385-6742

Middle School 385-6743

High School 385-6745