

FOSTER-GLOCESTER SCHOOL DISTRICT

Glocester, RI

MEDICATION ADMINISTRATION WITHIN THE SCHOOLS

PURPOSE:

The purpose of this policy is to establish a consistent method for administering medication to students at school or at school related activities.

POLICY STATEMENT:

The administration of all medication to students within the school environment or as required in behalf of students regularly enrolled in the Public Schools of this District, during the conduct of regular school activities shall comply with the following expectations:

1. Except in the case of an emergency situation, only school nurse teachers or parents/guardians are authorized to dispense medication to students.
2. No student is allowed to transport medication to and from school. All medication must be transported to and from schools by the parent/guardian or another adult.
3. Prescription medication will be dispensed to students only when a) received by the school nurse-teacher in the original labeled container from the pharmacy and b) when the administration of such medication in school is requested in writing by the attending physician / licensed practitioner and parent/guardian.
4. Over The Counter medication, with the exception of Tylenol, will be dispensed to students only when received by the school nurse-teacher in the original labeled container, and administration of such medication in school must be requested in writing by the attending physician.
5. Tylenol may be dispensed to students by the school nurse teacher when requested in writing by the parent/guardian and included in the Standing Orders.
6. Inhalers may be self-administered with written authorization from both parent/guardian and physician / licensed practitioner. Inhalers are to be stored in the office/health room unless written authorization from a physician / licensed practitioner and parent / guardian states otherwise.
7. With respect to away from school activities, such as field trips, unless the child has been identified as having a medical condition requiring the administration of medication on field trips

medications will not be administered by a school nurse. The only exceptions are self-administration of bronchial inhalers **and/or Epipen** or a one-day supply of medication when written authorization is provided by both the parent/guardian and physician/licensed practitioner stating that the medication is authorized to be self-administered and the medication is transported in the original prescription labeled container. A student shall be prohibited from sharing, transferring, or in any way diverting his/her own medication(s) to any other person. The school administration will consider alternate solutions in extraordinary situations on a case-by-case basis.

8. Regarding field trips, inhalers should be carried by the teacher unless written authorization from a physician / licensed practitioner **and parent/guardian** states otherwise.
9. Self-medication by students is not authorized or condoned, except for bronchial inhalers **and/or Epipen**, when accompanied by written authorization signed by both parent / **guardian** and physician/ licensed practitioner.
10. Parents assume responsibility to see that the medication is safely delivered to school. This will be strictly enforced. Students are not to keep medication on them. Also, parents are reminded medication will not be sent home with the student at the end of the prescribed duration. Parents desiring the remaining medication, if any remains, must arrange to pick it up.
11. If a student must self-carry and/or self-administer a day's supply prescription / over the counter medication a written agreement must be entered into that includes the student, parent, certified school nurse or registered nurse, licensed prescribing health care provider. This agreement must specify the terms and conditions under which the medication must be self carried and/or self-administered and include the following: a one-day supply of the medication shall be stored in the original prescription labeled container. A written order from a physician / licensed practitioner shall be provided and written parent authorization shall be obtained and verified by the school-nurse teacher or registered nurse. The principal shall be informed of the existence of the agreement.
12. Medication, with the exception of bronchial inhalers, epipens, and medications which may be self carried, will remain in school for the duration that the medication is to be given and will not be sent home each day with the student.
13. In an emergency life-threatening situation, all school personnel are authorized to administer medication.
14. Nothing in this policy shall be construed to violate the rights of any students that are guaranteed by state or federal law.

15. The administration of medication on a field trip shall comply with the additional expectation that the parent or legal guardian must execute a form, as provided by the District, in which the applicable stipulations as herein set forth have been duly noted.

POLICY STATEMENT (continued)

I understand that a school nurse is not ordinarily in attendance on field trips. The administration of medication on a field trip shall comply with the following stipulations as herein set forth have been duly noted.

\_\_\_\_\_ I will meet my child at the above location, at the appropriate time, and administer the necessary medication.

\_\_\_\_\_ I give permission for the administration of the necessary medication to be delayed until my child returns to school at approximately \_\_\_\_\_.

\_\_\_\_\_ I give permission for my child to self-administer the necessary medication in accordance with the written orders of the physician / licensed health care provider. It is my responsibility as a parent to provide the one-day supply in an original prescription labeled container.

(Note: Prior written authorization from a physician / licensed practitioner for the child to self-carry / self administer a one-day supply of medication must be on file with the school.)

\_\_\_\_\_ I do not agree to any of the above, but I will allow my child to remain at school.

\_\_\_\_\_ I do not agree to any of the above and will keep my child home from school during that day on \_\_\_\_\_.

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**Parent/guardian signature**

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**Date**

Date

First Reading:	10/10/96
Second Reading:	11/7/96
Adopted:	11/7/96
Revised:	1/6/98
1st Reading for revision:	6/5/2012
2nd Reading for revision:	9/4/2012
Adopted:	9/4/12
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Second Reading and adoption:	11/14/12