

Administering Noninjectable Medicines to Students

Students may, subject to the provisions of this regulation, have noninjectable prescription or nonprescription medication administered by designated, trained school staff. Self-medication by students may also be permitted in accordance with this regulation.

I. DEFINITIONS

- A. “Prescription medication” means any noninjectable drug, chemical compound, suspension or preparation in suitable form for use as a curative or remedial substance taken either internally or externally by a student under the written direction of a physician. Prescription medication does not include dietary food supplements.
- B. “Nonprescription medication” means only commercially prepared, non-alcohol based medication to be taken at school that is necessary for the student to remain in school. This shall be limited to eyes, nose and cough drops, cough suppressants, analgesics, decongestants, antihistamines, topical antibiotics, anti-inflammatories and antacids that do not require written or oral instructions from a physician. Nonprescription medication does not include dietary food supplements.
- C. “Physician” means a doctor of medicine or osteopathy, a physician assistant licensed to practice by the Board of Medical Examiners for the state of Oregon, a nurse practitioner with prescriptive authority licensed by the Board of Nursing for the state of Oregon, a dentist licensed by the Board of Dentistry for the state of Oregon, an optometrist licensed by the Board of Optometry for the state of Oregon or a naturopathic physician licensed by the Board of Naturopathy for the state of Oregon. “Physician” also may include individuals licensed in the categories set out above by comparable licensing agencies in adjoining states.
- D. “Student self-medication” means a student must be able to demonstrate the ability, developmentally and behaviorally to administer medication to himself or herself without requiring a trained school staff member to assist in the administration of the medication.
- E. “Age-appropriate guidelines” means the student must be able to demonstrate the ability, developmentally and behaviorally, to self-medicate with permission from parent (guardian), administrator, and in the case of a prescription medication, a physician.
- F. “Training” means the instruction to be provided to designated school staff on the administration of prescription and nonprescription medication, based on requirements set out in guidelines approved by the Department of Education, including discussion of applicable district policies, procedures and materials.

II. DESIGNATED SCHOOL STAFF/TRAINING

- A. The principal will designate school staff authorized to administer medication to students within individual school buildings and while participating at school-sponsored activities on or off district property. The principal will ensure building and activity practices and procedures are consistent with the requirements of law, rules and this regulation.
- B. The principal will ensure the training required by law and Oregon Administrative Rules is provided. Training may be conducted by any physician licensed by the state of Oregon, a nurse licensed by the Board of Nursing of the state of Oregon or by others as deemed appropriate by the district in accordance with training program guidelines recognized by the Department of Education.
- C. Training will provide an overview of applicable provisions of Oregon law, administrative rules, district policy and administrative regulations and include, but not be limited to the following: safe storage, handling, monitoring medication supplies, disposing of medications, record keeping and reporting of medication administration and errors in administration, emergency medical response for life threatening side effects and allergic reactions and student confidentiality. Materials as recommended and/or approved by the Department of Education will be used.
- D. Training will be provided upon initial assignment to designated school staff authorized to administer medication to students. Subsequent training will be provided as necessary to meet changes in Oregon law, rules, training guidance or as otherwise deemed appropriate by the district.
- E. A copy of the district's policy and administrative regulation will be provided to all school staff authorized to administer medication to students and others as appropriate.
- F. A statement that the designated school staff member has received the required training, will be signed by the staff member and filed in the district office.

III. ADMINISTERING MEDICATIONS TO STUDENTS

Requests for designated school staff to administer medication to students may be approved by the district as follows:

- A. A written request for the district to administer prescription medication must be submitted to the school office to include:
 - 1. The written signed permission of the parent**;
 - 2. The written instruction from the physician for the administration of the prescription medication to the student including:
 - a. Name of the student;
 - b. Name of the medication;
 - c. Route;

- d. Dosage;
- e. Frequency of administration; and
- f. Other special instruction, if any.

The prescription label will be considered to meet this requirement if it contains the information listed in a.- f. above.

- B. A written request for the district to administer nonprescription medication must be submitted to the school office to include:
 - 1. The written signed permission of the parent;
 - 2. The written instruction from the parent for the administration of the nonprescription medication to the student including:
 - a. Name of the student;
 - b. Name of the medication;
 - c. Route;
 - d. Dosage;
 - e. Frequency of administration;
 - f. Other special instruction, if any.
- C. Medication is to be submitted in its original container;
- D. Medication is to be brought to the school by the parent;
- E. It is the parent's responsibility to ensure that an adequate amount of medication is on hand at the school for the duration of the student's need to take medication;
- F. It is the parent's responsibility to ensure that the school is informed in writing of any changes in medication instruction;
- G. In the event a student refuses medication, the parent will be notified immediately. No attempt will be made to administer medication to a student who refuses district administered medication;
- H. Any error in administration of medication will be reported to the parent immediately and documentation made on the district's Accident/Incident Report form. Errors include but are not limited to administering medication to the wrong student, administering the wrong medication, dose, time, route, etc.

IV. SELF-MEDICATION

- A. Grades K-8: Self-medication of prescription and nonprescription medication is not allowed except in cases where a student must carry such medication on his/her person and the necessary permission form and written instructions have been submitted as required above;

- B. Grades 9-12: Self-medication of prescription and nonprescription medication may be allowed subject to the following:
1. A permission form must be submitted for self-medication of all prescription medications. In the case of prescription medications, permission from the physician or other licenced health care professional is also required. Such permission may be indicated on the prescription label. A written treatment plan from a licenced health care professional for the managing of student's asthma and/or severe allergy will be required for use of medication by the student during school hours. Principal permission is required for all self-medication requests;
 2. No permission form is required for self-medication of nonprescription medications. Principal permission is required for all self-medication requests;
 3. Students who are developmentally and/or behaviorally unable to self-medicate will be provided assistance by designated school staff. A permission form and written instructions will be required as provided in Section III A. and B. above;
 4. All prescription and nonprescription medication must be kept in its appropriately labeled, original container, as follows:
 - a. Prescription labels must specify the name of the student, name of the medication, dosage, route and frequency or time of administration and any other special instruction;
 - b. Nonprescription medication must have the student's name affixed to the original container.
 5. The student may have in his/her possession only the amount of medication needed for that school day; except for manufacture's packaging that contains multiple dosage, the student may carry one package, such as but not limited to bronchodilators/inhalers;
 6. Sharing and/or borrowing of medication with another student is strictly prohibited;
 7. Any medication required for use longer than ten school days will be permitted only upon the written request of the parent.
- C. For students who have been prescribed bronchodialaters or epinephrine, school staff will request from the parent or guardian, that the parent or guardian provide back up medication for emergency use by that student. Backup medication, if provided by the parent or guardian, will be kept at the student's school in a location to which the student has immediate access in the event the student has an asthma and/or severe allergy emergency.
- D. Permission to self-medicate may be revoked if the student violates the Board's policy governing Administering Noninjectable Medicines to students and/or these regulations. Additionally, students may be subject to discipline, up to and including expulsion as appropriate.

V. HANDLING, STORAGE, MONITORING MEDICATION SUPPLIES

- A. Medication administered by designated school staff and self administered medication must be delivered by the parent to the school, in its original container, accompanied by the permission form and written instructions, as required above;
- B. Medication in capsule or tablet form and categorized as a sedative, stimulant, anti-convulsant, narcotic analgesic or psychotropic medication will be counted by designated school staff in the presence of another school employee upon receipt, documented in the student's medication log and routinely monitored during storage and administration. Discrepancies will be reported to the principal immediately and documented in the student's medication log. For such medication not in capsule or tablet form, standard measuring and monitoring procedures will apply.
- C. Designated school staff will follow the written instructions of the physician and parent and training guidelines as may be recommended by the Department of Education for administering all forms of non injectable medications.
- D. Medication will be secured as follows:
 - 1. Non-refrigerated medications will be stored in a locked cabinet, drawer or box;
 - 2. Medications requiring refrigeration will be stored in a locked box in a refrigerator;
 - 3. Access to medication storage keys will be limited to the principal and designated school staff.
- E. Designated school staff will be responsible for monitoring all medication supplies and for ensuring medication is secure at all times, not left unattended after administering and that the medication container is properly sealed and returned to storage;
- F. In the event medication is running low or inadequate dosage is on hand to administer the medication, the designated school staff will notify the parent immediately.

VI. EMERGENCY RESPONSE

- A. Designated school staff will notify 911 or other appropriate emergency medical response systems and administer first aid as necessary in the event of life threatening side effects that result from district administered medication or from student self-medication. The parent, clinic and principal will be notified immediately.
- B. Minor adverse reactions that result from district administered medication or from student self-medication will be reported to the parent immediately.

VII. DISPOSAL OF MEDICATIONS

- A. Medication not picked up by the parent at the end of the school year or within five school days of the end of the medication period, whichever is earlier, will be disposed of by designated school staff in a nonrecoverable fashion as follows:
 - 1. Medication in capsule, tablet and liquid form will be removed from their original container (destroy any personal information). Crush solid medications, mix or dissolve in water (this applies to liquid as well) and mix with an undesirable substance such as coffee grounds, kitty litter, flour etc., and place it in impermeable non-descriptive containers such as empty cans or sealable bags, placing these containers in the trash. Flush prescriptions down the toilet **only** if the accompanying patient information specifically instructs it is safe to do so (ONDCP Federal Government Guidelines February 20, 2007;
 - 2. Other medication will be disposed of in accordance with established training procedures.
- B. All medication will be disposed of by designated school staff in the presence of another school employee and documented as described in 8. A., below..

VIII. DOCUMENTATION AND RECORDKEEPING

- A. A medication log will be maintained for each student administered medication by the district. The medication log will include but not be limited to:
 - 1. The medication administered, dose and route of medication administered, date, time of administration and name of the person administering the medication;
 - 2. Student refusals of medication;
 - 3. Errors in administration of medication;
 - 4. Emergency and minor adverse reaction incidents;
 - 5. Discrepancies in medication supply;
 - 6. Disposal of medication including date, quantity, manner in which the medication was destroyed and the signature of the school staff involved.
- B. All records relating to administration of medicines, including permission slips and written instructions, will be maintained in a separate, medical file apart from the student's education records file unless otherwise related to the student's educational placement and/or individualized education plan. Records will be retained in accordance with applicable provisions of OAR 166-414-0010 (22), (23) and (24).
- C. Student medical files will be kept confidential. Access shall be limited to those designated school staff authorized to administer medication to students, the student and his/her parents. Information may be shared with school staff with a legitimate education interest in the student or others as may be authorized by the parent in writing.

A school administrator, teacher or other school employee designated by the school administrator is not liable in a criminal action or for civil damages as a result of the administration of prescription and/or nonprescription medication as per ORS 339.870

**SELF-MEDICATION AGREEMENT
GRADES 9-12**

Students who are developmentally and/or behaviorally able, will be allowed to self- administer prescription and nonprescription medication, subject to the following:

1. A permission form must be submitted for self-medication of all prescription medication. No permission form is required for self-medication of non-prescription medication.
2. All prescription and nonprescription medication must be kept in its appropriately labeled, original container, as follows:
 - a. Prescription labels must specify the name of the student, name of the medication, dosage, route, and frequency or time of administration and any other special instructions.
 - b. Nonprescription medication must have the student’s name affixed to the original container.
3. The student may have in his/her possession only the amount of medication needed for that school day; except in cases where a student must carry such medication on his/her person and the necessary permission form and written instructions have been submitted as required above.
4. Sharing and/or borrowing of medication with another student is strictly prohibited.
5. Permission to self-medicate may be revoked if the student violates school district policy governing administration of noninjectable medication and/or these regulations. Additionally, students may be subject to discipline, up to and including expulsion, as appropriate.

I have read and agree to the above criteria and give permission for my child to carry his/her medication.

Parent/guardian signature

Date: _____

I agree to comply with the above criteria.

Student signature

Date: _____

**SELF-MEDICATION AGREEMENT
GRADES K-8**

Students who are developmentally and/or behaviorally able, will be allowed to self- administer prescription and nonprescription medication, subject to the following:

1. A permission form must be submitted for all self-medication of all prescription and nonprescription medication.
2. All prescription and nonprescription medication must be kept in its appropriately labeled, original container, as follows:
 - a. Prescription labels must specify the name of the students, name of the medication, dosage, route, and frequency or time of administration and any other special instructions.
 - b. Nonprescription medication must have the student’s name affixed to the original container.
3. The student may have in his/her possession only the amount of medication needed for that school day; except in cases where a student must carry such medication on his/her person and the necessary permission form and written instructions have been submitted as required above.
4. Sharing and/or borrowing of medication with another student is strictly prohibited.
5. Permission to self-medicate may be revoked if the student violates school district policy governing administration of noninjectable medication and/or these regulations. Additionally, students may be subject to discipline, up to and including expulsion, as appropriate.

I have read and agree to the above criteria and give permission for my child to carry his/her medication.

Parent/guardian signature

Date: _____

I agree to comply with the above criteria.

Student signature

Date: _____

Authorization for Medication Administration by School Personnel

To: _____ of _____
(Principal) (School name)

Student name: _____ DOB: _____ Grade: _____ Teacher: _____

I am giving school personnel permission to administer medications to my child per the following:

Parent or Physician please complete:

Medication: _____	<input type="checkbox"/> Non prescription
Dose (how much): _____	<input type="checkbox"/> Prescription Rx number _____
Frequency (how often): _____ By: Mouth Ear Eye Nose Skin	<input type="checkbox"/> Please allow my child to self-administer this medication. (Refer to district policy on self medication).
Time: _____	
Duration: Start date _____ End date _____	
Reason for Medication:	
Special Instructions:	

I understand I am responsible to provide this medication and maintain the supply as needed. I understand I am responsible to notify the school in writing of any changes. Parents are required to pick up all unused medication by the last day of school. All medication left at the school will be discarded.

Parent/Guardian Signature: _____ Date: _____

(This authorization applies only to the medication listed above and for the duration of treatment or school year). This also authorizes an exchange of information, as necessary, between the school nurse, appropriate school personnel, and/or my child's health provider.

*PHYSICIAN DIRECTION

(required in writing or on pharmacy label for all prescription medications).

I have prescribed the above medication for the student whose name appears at the top of this form. Instructions in the box are accurate. _____
Special instructions including adverse reactions and action required: _____

(Physician's Name (please print/stamp) (Address) (Zip Code)

(Physician's Signature) (Phone #) (Effective Date)

**DEPARTMENT OF SCHOOL HEALTH SERVICES
MULTNOMAH EDUCATION SERVICE DISTRICT**

STUDENT MEDICATION INCIDENT REPORT

(to be completed on the day of the incident)

STUDENT'S NAME: _____ GRADE: _____ DOB: _____ SCHOOL: _____

PARENT/GUARDIAN: _____ PHONE: _____

PARENT/GUARDIAN NOTIFIED BY: PHONE NOTE DATE: _____ TIME: _____

RN NOTIFIED: _____ DATE: _____ TIME: _____

(Name of Nurse)

1. Date and time of incident: _____

2. Description of incident.

3. Reaction. (Include student's symptoms and observations.)

4. Action taken by employee and/or student. (Include instructions given by nurse/parent/hospital/MD.)

Signature of Employee Reporting the Incident Date

Signature of Supervisor Date

White Copy--Supervisor
Yellow Copy--Employee

Field Trip Medication Request

Teacher: _____

Grade: _____

Date of Trip: _____

Destination: _____

Departure time: _____

Return time: _____

Please give health room staff/school secretary at least three working days notice prior to your field trip so any medication needed can be prepared for your students. A fanny pack or other bag will be provided for your convenience to carry medication.

Be advised that state law now requires everyone who administers medication to students in school to receive the state approved training. Only those teachers who have received this training will be allowed to: check medication out of the health room for field trips; carry medication; administer medication.

Medication will need to be signed in and out of the health room and, when you return from your field trip, you must document on the student's medication log that the medication was given.

Thank you for your cooperation.

Sincerely,