

# Sherman County S. D.

Code: **JHCD**  
Adopted: 8/14/95  
Readopted: 8/10/98

## **Administering Noninjectable Medicines to Students\*\***

The district recognizes that administering of medication to students and self-medication may be necessary when the failure to take such medication would jeopardize the health of the student or the student would not be able to attend school if medication was not made available during school hours. Consequently, students may be permitted to take noninjectable prescription or nonprescription medication at school, on a temporary or regular basis.

All requests for the district to administer medication to a student shall be made by the parent in writing. Requests shall include the written instructions of the physician for the administration of a prescription medication to a student or the written instructions of the parent for the administration of a nonprescription medication to a student. A prescription label will be deemed sufficient to meet the requirements for written physician instructions.

The district shall designate school staff authorized to administer medication to students. Training shall be provided as required by law.

The district reserves the right to reject a request to administer prescription or nonprescription medication when such medication is not necessary for the student to remain in school.

This policy and administrative regulation shall not prohibit, in any way, the administration of recognized first aid to students by district employees in accordance with established state law, Board policy and procedures.

The superintendent shall develop administrative regulations as needed to meet the requirements of law, Oregon Administrative Rules and for the implementation of this policy. Regulations will include provisions for student self-medication.

END OF POLICY

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### **Legal Reference(s):**

[ORS 109.640](#)

[ORS 339.867](#)

[ORS 339.869](#)

[ORS 339.870](#)

[ORS 433.800 - 433.830](#)

[ORS 475.005 - 475.285](#)

[OAR 581-021-0037](#)

[OAR 581-022-0705](#)