

STUDENTS

Management of Medication Administration in the School Setting

- I. Medications should be taken at home whenever possible so that the student does not lose valuable classroom time.
- II. If it is absolutely necessary for the student to take medication at school, the Authorization for Medication Administration form (Attachment I) must be received for each medication and must be submitted to the health office staff prior to the medication being given at school. The appropriate Health Treatment Plan (HTP) for asthma, allergy, seizure, and diabetes medications must be completed. **Medications will not be accepted without receipt of the appropriate form.**
- III. The health office staff are Unlicensed Assistive Personnel (UAP). The UAPs must be Medication and/or Insulin/Glucagon trained. Cardiopulmonary Resuscitation (CPR) and First Aid training for all UAP's is strongly recommended. The health office staff and all persons trained in Medication Administration are required to attend the Prince William County Public Schools three-hour Medication Administration and/or the four-hour Insulin/Glucagon class every three years with an annual refresher by the school nurse. CPR and First Aid recertification should be in accordance with the certifying organization. There will be three staff members designated by the building principal (other than the school nurse) in each building trained to administer medication. UAPs employed for summer school must attend a Medication Administration class.
- IV. The health office staff **must** have written instructions from the health care provider to administer prescription medications. The Authorization for Medication Administration form is preferred, but the healthcare provider may use office stationary or a prescription pad with the following information:
 - A. Student's name and date of birth;
 - B. Date of order;
 - C. Duration of medication order and effective dates;
 - D. Reason for medication or diagnosis;
 - E. Name of medication;
 - F. Exact dosage to be taken in school;
 - G. Time to take medication and frequency or exact time interval dosage is to be administered;

- H. If medication is given on an as-need basis, specify the exact conditions or symptoms when medication is to be taken and the time at which it may be given again (repeat as necessary is unacceptable);
 - I. Statement that the student may self-carry and self-administer; and
 - J. Health care provider's signature and date.
- V. Medications must be brought to the health office and signed by a parent/guardian. Students with diabetes, asthma, or life-threatening allergies may carry life-saving medications (insulin, Glucagon, inhaler, Epinephrine Auto-Injectors) throughout the school day in accordance with their approved HTP or medical authorization. Otherwise, students are not permitted to transport medications to and from school or carry any medication while in school.
- VI. Medication Containers
- A. Prescription medications – Medications (including physician/pharmacy samples) must be in the original pharmacy bottle with proper label containing:
 - 1. Student's name;
 - 2. Name of medication;
 - 3. Time to be given;
 - 4. Dose/amount to be given; and
 - 5. Name of health care provider.
 - B. Non-prescription medications (over-the-counter) must be in the original sealed package with the name of the medicine, instructions, and must not have exceeded the expiration date. Non-prescription medication will only be administered according to directions on the label. If a higher/lower dosage is required, the Authorization for Medication Administration form must be signed by the health care provider.
 - C. The school will not be responsible for lost or spilled medications.
- VII. Prescription information on the bottle label must match the health care provider information on the Authorization for Medication Administration form. The pharmacy can provide a properly labeled bottle for school.
- VIII. Staff will not cut or break pills. Parents/guardians should cut/break pills or request the pharmacy to cut pills into the correct dose.

- IX. The first dose of any **new** medication or change in dose must be given at home.
- X. Medications will be given no more than 30 minutes before or after the prescribed time.
- XI. Medication kept at school will be stored in a locked area of the health office accessible only to authorized school personnel during school hours.
- XII. The student is to go to the health office or to a pre-determined location, at the prescribed time to receive medication. Parents/guardians should develop a plan with the student to ensure that the student goes to the health office at the appropriate time.
- XIII. Written permission is required from the parent/guardian for the administration of medication to a student during school hours by persons other than the parent/guardian.
- XIV. A new Authorization for Medication Administration form is required at the start of each school year, and each time there is a change in the dosage or time at which a medication is to be taken.
- XV. Parents/guardians should not bring in more than a 60-day supply of prescription medicine at a time.
- XVI. A Medication Incident Report must be completed whenever there has been any incident or error resulting in the incorrect administration of medication and/or medication given by a staff member not trained in the administration of medication. Possible errors in the administration of medication would include an incorrect dosage, route or time of administration, or giving medication to the wrong student. A completed Medication Incident Report should be sent to the Supervisor of School Health Services.
- XVII. Exceptions to these regulations may be necessary depending on individual circumstances. Exceptions may only be authorized by the principal, Supervisor of School Health Services, or school nurse, in collaboration with the health care provider and/or parent/guardian.

- XVIII. Students may carry and appropriately use non-medicated products. For the comfort and safety of others, spray or aerosol products are not to be used. Any herbal or natural alternative medications (botanicals, oils, dietary or nutritional supplements, homeopathic medicine, phytomedicinals, vitamins, and minerals) require an Authorization for Medication Administration form signed by the health care provider and parent/guardian.
- XIX. Field trips – Current approved HTPs are acceptable for all field trips.
- A. Appropriate school staff (i.e., principal or designee) shall notify the school nurse at least 10 days prior to the field trip so medication can be prepared.
 - B. The Medication Permission Form for Extended Day/Overnight Field Trips (Attachment II) must be completed and brought to the school nurse at least five school days before the field trip. Medications brought after this time will not be accepted. Extended day field trips are trips returning to school after the dismissal bell.

The Associate Superintendent for Special Education and Student Services (or designee) is responsible for implementing and monitoring this regulation.

This regulation and related policy shall be reviewed at least every five years and revised as needed.

PRINCE WILLIAM COUNTY PUBLIC SCHOOLS
AUTHORIZATION FOR MEDICATION ADMINISTRATION

Medication
Expiration
Date:

Student Information: Parent/Guardian to Complete

Student: _____ DOB: _____ Age: _____ Grade: _____

School: _____ Has the student taken this medication before? Yes No

If no, the first full dose must be given at home to decrease the risk of student having a negative reaction at school. First dose was given: Date: _____ Time: _____

Prescription Medication: Health Care Provider to Complete (one form for each medication)

Name of medication: _____

Diagnosis/condition for which medication is being administered: _____

Dosage: _____ Route: _____ Time of administration: _____

Length of time: School year Other: _____

Possible side effects: None expected Specify: _____

Health Care Provider Signature: _____ **Date:** _____

Health Care Provider **Printed** Name/Stamp: _____

Health Care Provider Phone Number: _____ Fax: _____

Health Care Provider Address: _____

Over-the-Counter Medication: Parent/Guardian to Complete (one form for each medication)

Name of medication: _____

Reason medication is to be given: _____

Dosage: _____ Route: _____ Time of administration: _____

Length of time: School year Other: _____

Possible side effects: None expected Specify: _____

Parent/Guardian Authorization

My signature gives permission for the principal's designee to administer prescribed/over-the-counter medication and gives the principal's designee permission to contact the health care provider if necessary. I also agree to pick up any unused medication at the end of the school year. I understand that medication not picked up by a parent/guardian at the end of the school year will be discarded. I have read the procedures and assume responsibility as required.

Parent/Guardian Signature: _____ **Date:** _____

To Be Completed with Health Office Staff

Medication received (amount/description): _____

Medication received: _____ / _____
Health Office Staff Signature/Date Parent/Guardian Signature/Date

Medication picked up by: _____ Date: _____
Parent/Guardian Signature

Medication Permission Form for
Extended Day/Overnight Field Trips
(One form for each medication)

All medications and forms for extended day and overnight field trips must be brought to the school nurse at least five school days before the field trip. Medications brought after this time will not be accepted. Any prescribed medication that must be administered during an extended day/overnight field trip requires this form to be completed and signed by a health care provider and parent/guardian. Any over-the-counter medication requires a parent/guardian signature and must be received in a new, sealed container (smallest container possible). The required medications shall come in the original container with proper labeling. This permission form is valid for the current field trip only. Medications may only be given by a Prince William County Public Schools (PWCS) employee unless an accompanying parent/guardian administers it to their own child.

Date:	
Student name:	Date of birth:
Teacher/Homeroom:	
Name of medication:	Count of pills received:
Diagnosis:	
Dosage:	Route:
Time to be administered:	
Allergies:	

I hereby authorize the exchange of this information with my health care provider as needed to carry out the treatment or health care of my child. I/We hereby release PWCS and all of its employees of and from any and all liability in law for damages either we or our child may incur as a result of this request.

Physician's name: _____ Physician's signature: _____
Physician's phone number: _____
Parent/guardian signature: _____
Phone number: Home: _____ Work: _____ Cell: _____

Parents are requested to pick up any leftover medication at the end of the field trip. Medications that are left after this time will be discarded.