

DISPENSING MEDICATION

Board Policy

Medical treatment which consists of dispensing of medication is the responsibility of the parent/guardian and the family physician and should be rarely given by school personnel. The only exception is when it is deemed necessary by the family physician and the parent/guardian that medication be administered during school hours. On those rare occasions, school personnel may administer the medication in accordance with this policy, as outlined. Parents/guardians and family physicians are encouraged to work out a schedule of giving medication outside of school hours.

Suggested Implementation Guidelines

For the purpose of these guidelines parent will mean parent or guardian.

The following guidelines are intended to be used for compliance with this policy:

1. The Shelley Joint School District No. 60 and the parents acknowledge that the administration of medication by the district is at the direction of the student's physician, and is being administered by non-medically trained personnel who do not represent themselves as capable of independent judgement relative to the administration of medication and the effects thereof.
2. All dispensing of medication requires a signed request from the parents and student's physician for school personnel to administer the medication as prescribed in the written statement from the physician. The principal's signature of the school that the student attends shall also be required on the Physician & Parent's Request Form attached and made part of this policy.
3. Specific directions for the administration of the medication to be given must be included in the written statement from the attending physician, clearly specifying the condition for which the drug is to be given, how it is to be given, dosage and related information.
4. Specific instructions should be included for the emergency treatment of possible allergic reaction, and should clearly state what type of reaction might be expected; i.e., localized, generalized, severe, mild, etc. The initial dose must be administered at home, physician's office, or hospital to note that likely allergic reactions do not occur.
5. All prescription medication must be received at school in its original pharmaceutical labeled container. Any over-the-counter medication must be received in its original container and labeled with the student's name on it.
6. Medication orders must be renewed by the attending physician and a request signed by the physician and parents at the beginning of each school year.

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7. All prescribed medication should be given to the principal, or his/her designee, for dispensing, and the attached medical log will be completed each time medication is given to the student. (Attached and made part of this policy.)
8. All medications will be kept in a locked container not accessible to students.
9. The principal, staff, or other school employee, may not alter the dosage. Any alteration of dosage must be accompanied by a new Physician's and Parent's Request for the administration of medicine by school personnel form, completed and signed by the physician and parent. Under emergency conditions, these provisions of notice will be considered to be temporarily fulfilled upon receiving the forms containing the physician's signature, with written concurrence (fax or hard copy) from the parent, including signature. Such request will be honored for a period of not more than six (6) consecutive school days. By that time, the forms must contain the parent's signature.
10. The building principal will not sign the Physician and Parent's Request form until it is completed, including both the physician and parent signature.
11. If the correct quantity of medication is not provided in easily used dosage, the principal will notify the parent that they cannot dispense it to the student as provided.
12. The school district will continue to administer the medication as per the Physician's and Parents' request form until an updated request form containing the parent's and physician's signature is submitted to the school showing the date that the medication is to be discontinued.
13. The school district will permit the self-administration of medication administered by way of a metered-dose inhaler by a pupil for asthma or other potentially life-threatening respiratory illness or by way of an epinephrine auto-injector for severe allergic reaction. (Idaho Code 35-520.)
 - a. Medication means an epinephrine auto-injector, a metered dose inhaler or a dry powder inhaler prescribed by a physician.
 - b. A student who is permitted to self-administer medication shall be permitted to possess and use a prescribed inhaler or epinephrine auto-injector at all times.

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**SHELLEY JOINT SCHOOL DISTRICT NO. 60
SHELLEY, IDAHO**

**PHYSICIAN’S AND PARENT’S REQUEST FOR THE ADMINISTRATION OF MEDICINE BY SCHOOL
PERSONNEL**

1. Student Name _____ Birthdate _____ Grade _____

2. Address _____ Phone _____ Teacher _____

3. Physical condition for which drug is to be given. (If allergic in nature, please specify what type of reaction and indicated those visible symptoms, which would give rise to the necessity of administering the medication.)

4. Medication _____

5. Dosage and Method of Administration

6. Possible reactions that need to be reported to the physician

7. Disposition of pupil following administration of medication, i.e., rest, home, hospital, doctor’s office, return to class.

8. Date of Request _____

9. Medication to continue as above until (date) _____

10. PHYSICIAN’S SIGNATURE _____

11. Address _____ Phone _____

PARENT’S SIGNATURE _____ Date _____

PRINCIPAL’S SIGNATURE _____ Date _____

MEDICINE ITSELF IS TO BE LABELED WITH ITS NAME, METHOD AND DOSAGE TO BE USED, TIME OF DAY TO BE TAKEN, AND THE STUDENT’S NAME.

