Request for Supervision of Self-Administration of Over-the-Counter (OTC)/Non-Prescription Medication at School

Albany County School District One
Laramie, Wyoming

School: _____ Grade/Teacher: _____

STUDENT INFORMATION

Name: _____
last name *first name* *nick name/name used (if different)*
Birthdate: _____ / _____ / _____ **Age:** _____ **years** **Weight:** _____ **pounds**

Allergies: (*Please circle if applicable)* NKDA (no known drug allergies) (*OR list any drug allergies below):*
_____

MEDICATION INFORMATION

(NOTE: EVERY MEDICATION MUST BE IN ITS ORIGINAL CONTAINER.)

Name of Medication: _____
Expiration date: ____ / ____ / _____ **Start date:** ____ / ____ / _____ **End date:** ____ / ____ / _____
Dosage: _____
Time(s) to be taken at school: _____
Route (how medication is to be taken): *(Please circle)* oral inhaled to skin to eyes to ears
other (*Please explain)*: _____
Health Concern (reason for taking medication): _____
_____
Side Effects: _____
Other Medications Currently Taken by Student: _____
Comments/Additional Information: _____
_____

By signing below,

1. **I am requesting that the medication listed above be taken by my child as directed above, only under the supervision of designated school personnel. I understand that it is my child's responsibility to report to the nurse's office for this purpose.**
2. **I acknowledge having read and understood Albany County School District One's Policy on Medication Self-Administration at School, which is printed on the back of this form.**

_____
parent/guardian signature ***date signed*** ***emergency contact phone number***

APPROVED BY:
School Nurse: _____ date: _____
School Principal: _____ date: _____

Medication Self-Administration at School

ALBANY COUNTY SCHOOL DISTRICT ONE

Laramie, Wyoming

Parents have the ultimate responsibility for maintaining their child's health and well being. In certain circumstances, however, it may be necessary for the school to assist the parent in that responsibility through the supervision of student's self-administration of medication within the school setting. The following procedures will be implemented when school personnel supervise the administration of medications within the school setting.

When a student must have medication of any type, including over-the counter medicine such as acetaminophen (Tylenol®), during school hours, you, as a parent, have the following choices:

1. You may discuss with you doctor an alternative medication schedule so the medication can be given outside of school hours.
2. You may come to school and administer the medication to your child at the appropriate time.
3. You may get a medication form from the school and complete all of the information required.
   - If the medication is over-the-counter, only a parent or guardian needs to complete and sign the form.
   - If the medication is prescribed, the prescribing physician or practicioner must also sign the form.
   - NOTE: Every medication must be approved by the principal and/or the school nurse prior to the student being allowed to self-administer the medication.

(2) Each medicine to be self-administered by the student shall only occur under the supervision of principal-designated school personnel.

(3) Neither the District, nor any of its personnel, shall be responsible for medication taken by a student or administered by the parent or legal guardian without supervision of designated school personnel. Likewise, the District and its personnel will not be responsible for the drug itself. Supervising personnel will only ensure that medication is taken in specified dosages at specified times.

(4) Each medicine will be self-administered only under the supervision of designated school personnel when a "Request for Supervision of/Self-Administration of Medication At School" form has been signed by the parent/guardian, the prescribing physician, and approved by the building principal and the school nurse. These are to be renewed on an annual basis.

(5) The "Request for Supervision of/Self-Administration of Medication At School" form must be completed and on file with the school office prior to supervision of any self-administered medication.

(6) Medication which is to be self-administered under the supervision of school personnel will:

(a) be in its original pharmaceutical container. If not in the original container, personnel shall not allow it to be taken.

(b) remain in the designated secured area of the school. Students will not be permitted to keep their medication in their possession while at school.

(7) A record shall be maintained of each time the medication is taken, including the child's name, medication name and dosage, time, date, and signature of the person who supervised the student taking the medication.

(8) District personnel will be trained in supervision of medication self-administration by the building R.N.

(9) Standing orders, written by the District's medical director (who shall be a medical doctor), for emergency and life-saving medications, procedures, and equipment, such as Automatic External Defibrillators (AED), epi-pens, and glucagon kits will be used by school nurses and appropriately trained staff at each school only in emergency situations to save a life. The standing order book will be kept in the health or nurse's office of each school, and designated staff will be trained accordingly by the school nurse, or a certified trainer in the case of the AEDs. The parents will be notified whenever the AED, epi-pen, or glucagons kit is used in an emergency situation with a student. An incident report will be completed and filed according to school protocol for each use of any emergency medication or procedure. (This paragraph (9) given final approval by the BOE on 3/10/04.)

EXCEPTIONS:

1. In the event that exceptions are needed, individual adjustments to this policy may be made with approval of the principal or school nurse (e.g., students may be allowed to carry their own asthma inhalers or EpiPen autoinjections if ordered by a physician).

2. In the event that a student is incapable of supervised self-administration of medication, his/her medication will be administered by a school nurse (R.N.) or by the parents. For students for whom medication must be administered, the school nurse and parent(s)/guardian(s) will meet to discuss the logistics of the administration of the medication. The principal and/or the teacher(s) of the student may be invited to this meeting.

Parents have the ultimate responsibility for maintaining their children's health and well-being. In certain circumstances, however, it may be necessary for the school to assist the parent in that responsibility through supervision of self-administration of medication in the school setting. When your child must have medication of any type, including over-the-counter medicine, during school hours, you have the fooling choices:

Each medication to be self-adminstered by the student shall only occure under the supervision of designated school personnel. Designated school personnel may include school nursed, shool secretaries, school monitore, teachers, substitiute teachers and secretaries, and the principal.

Neither the Albany County School Distict, nore any of its personnel shall be responsible for medication self-adminisgration by a student or administered by the parent or legal guardian without supervision by school staff. Likewise, the school, the school district and its personnel will not be responsible for the drug itself. Supervising personnel will only ensure that the medication is taken in specified dosages at specified times.

The "Request for Supervision of Self-Administration of Medication at School" forms must be completed and maintained on file with the school office prior to students' being allowed to take any medication.

Albany County School District One