

<b>DESCRIPTOR TERM:</b>  <b>Students</b>	<b>Millard District Policy</b> <b>File Code: 6200</b>  <b>1<sup>st</sup> Reading: 05-08-14</b>
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## **HEALTH REQUIREMENTS & SERVICES: MEDICAL TREATMENT**

### **Purpose**

The purpose of this policy is to authorize school personnel to arrange for emergency medical/dental care and treatment, to administer first aid treatment, to administer medicine to students, and to provide immunity from liability for school district personnel as provided by state law.

### **A. Consent to Medical Treatment**

Each school should have on file signed parent permission forms giving parental/guardian consent for emergency medical and dental care treatment by a medical doctor, hospital, or other medical facility. School officials, where a minor student is enrolled, may consent to medical treatment of that student, provided:

1. The person having the power to consent as otherwise provided by law cannot be contacted.
2. Actual notice to the contrary has not been given by that person.
3. Consent to medical treatment under this policy shall be in writing, signed by the school official giving consent, and given to the doctor, hospital, or other medical facility that administers the treatment.

### **B. Emergency First Aid Treatment**

School District employees may administer emergency first aid medical treatment to students or others on school property when conditions so require. Whenever possible, first aid treatment should be administered by the School Nurse.

### **C. Administering Medication**

Each building administrator shall designate an employee to administer medication to a student during periods when the student is under the control of the school, subject to the following conditions:

1. The district has received from the parent, legal guardian, or other person having legal control of the student, a current written and signed request to administer the medication to the student during regular school hours. **(See Attachment A)**

2. Authorization for administration of medication by school personnel may be withdrawn by the school at any time following actual notice to the student's parent or guardian.
3. The student's physician, dentist, nurse practitioner or physician assistant has provided a signed statement describing the method, amount, and time schedule for administration, and a statement that administration of medication by school employees during periods when the student is under the control of the school is medically necessary. **(See Attachment B)**
4. Medications will only be administered by designated employees who have been appropriately trained in such administration.
5. All medication that is to be given at school must be furnished by the parent or guardian and delivered to the school by a responsible adult. Accurate records must be kept by the school recording the delivery and acceptance of the medications from the parent or responsible adult.
6. All medications for students must be clearly labeled with the student's name, dose, and route of administration. All medications must be in the original container or in a standard pharmacy provided and labeled container.
7. All medication provided to the school is to be kept in a secure location under lock and key.
8. Persons administering medications shall be trained by the school nurse or other designated, qualified person. Documentation of this will be on the designated form. **(See Attachment C)**
9. A record including the type of medication, amount, and the time and day it was administered must be kept for each student receiving medication at school. The person administering the medication must sign the record each time medication is given. **(See Attachment D)**
10. Self-administration of Asthma Medication
  - a. Asthma medication means prescription or nonprescription, inhaled asthma medication.
  - b. Students may possess and self-administer asthma medication if:
    - i. The student's parent or guardian signs a statement:
      1. authorizing the student to self-administer asthma medication; and
      2. acknowledging that the student is responsible for, and capable of, self-administering the asthma medication; and
    - ii. the student's health care provider provides a written statement that states:
      1. it is medically appropriate for the student to self-administer asthma medication and be in possession of asthma medication at all times; and

2. the name of the asthma medication is prescribed or authorized for the student's use.
  - c. Documentation will be on forms consistent with those designated by the Utah Department of Health and the Utah State Office of Education.
  - d. Section 53A-11-904 does not apply to the possession and self-administration of asthma medication in accordance with Section 53A-11.602.
11. Administration of Glucagon
- a. Glucagon may be administered by trained volunteers or students in accordance to Section 53A-11-603.
  - b. Students or trained personnel may possess or store glucagon for emergency administration in accordance with this section.
  - c. Documentation and other guidelines including immunity to liability will be according to this section.
12. Diabetes medication – Possession – Self-administration
- a. Diabetes medication means prescription or nonprescription medication used to treat diabetes, including related medical devices, supplies, and equipment used to treat diabetes.
    - i. Students may possess and self-administer diabetes medication if:
      1. The student's parent or guardian signs a statement:
        - a. authorizing the student to self-administer diabetes medication; and
        - b. acknowledging that the student is responsible for, and capable of, self-administering the diabetes medication; and
      2. the student's health care provider provides a written statement that states:
        - a. it is medically appropriate for the student to self-administer diabetes medication and be in possession of diabetes medication at all times; and
        - b. the name of the diabetes medication prescribed or authorized for the student's use.
  - b. Documentation will be on forms consistent with those designated by the Utah Department of Health and the Utah Office of Education.

*Utah Code Ann. 53A-11-601*

## **Consultation**

The District has consulted with the Department of Health and other health professionals in development of this policy for the following:

1. Designation of employees who may administer medication.
2. Proper identification and safekeeping of medication.

3. Training of designated employees.
4. Maintenance of records of administering medication.

*Utah Code Ann. 53A-11-601 (1) (a)*

### **Civil Liability Immunity**

School personnel shall substantially comply with the physician's or dentist's written statement in order that they and the District and Board may take full advantage of the immunity from liability granted under Utah Code Ann. 53-A-11-601 (3).

*Utah Code Ann. 53A-11-601 (3)*

Attachment A

### Millard School District Parental Request for Dispensing Drugs or Medication By School Personnel

*(To be completed by parent or guardian and returned to school to  
become a part of the cumulative health record)*

The undersigned, parent(s) or legal custodians(s) of \_\_\_\_\_, a student at the \_\_\_\_\_ School in \_\_\_\_\_, Utah, hereby request(s) and authorize(s) the administration of a medication known as \_\_\_\_\_ to this child in accordance with the instructions given by the family health practitioner and contained in the attached Prescribing Practitioners Request to Administer Medication in School.

I (we) certify that this child requires the administration of this Medication according to the instructions of the prescribing practitioner as attached.

The undersigned represent(s) that he/she (they) understand that school employees are not medically trained personnel and that a school nurse is not available to give personal nursing attention at all times during the school day. I (we) hereby request and give my (our) consent to have the Medication specified above, administered by the school personnel designated by the school to my (our) child in accordance with the instructions of the physician as attached.

The undersigned agree(s) to the following conditions:

- 1) The school will be supplied with medication to be transported by a parent or responsible adult.
- 2) The prescribing practitioner, signing the accompanying request and prescription, will review his/her request in writing every school year with any changes in the prescription, or with the renewal of the prescription, whichever is more frequent.
- 3) School personnel (principal/school nurse/designated person) will be notified immediately of any changes in the child's condition or changes in schedule of medication.

Parent(s) or Legal Custodians(s):

\_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_ Date: \_\_\_\_\_

**Note: The medication is to be brought to school in a container appropriately labeled by the pharmacy, stating the name of the student, the medication, the dose, the pharmacy and the date of the prescription.**

Attachment B

### Prescribing Practitioners Request For Medication Administration in School

*(To be completed by prescribing practitioner and returned  
to school to become a part of the cumulative health record.)*

**Student's Name** \_\_\_\_\_

**Name of Medication** \_\_\_\_\_  
*(brand name and generic name)*

**Practitioner's Name** \_\_\_\_\_ **Telephone** \_\_\_\_\_  
*(Please Print)*

*Reason for Medication* \_\_\_\_\_

*Possible Side Effects* \_\_\_\_\_

In the event of possible side effects, school officials should take the following action:

\_\_\_\_\_

Time Medication to be administered \_\_\_\_\_

Anticipated number of days medication needs to be given at school \_\_\_\_\_

The above named student is in need of the above named medication/drug during regular school hours to maintain his/her physical health. I advise and request:

*that non-medical school personnel be allowed to administer this medication/drug in accordance with the following instructions:*

*that the said student be allowed to self-administer this medication/drug with the following instructions:*

\_\_\_\_\_

\_\_\_\_\_

*(Please type or print instructions to include the proper dosage, the intervals or time of day at which the medication/drug should be taken, the total period of time during which the medicine/drug is necessary, and any other pertinent and necessary instructions.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Prescribing Practitioner's Signature)*

### RECORD OF INSTRUCTION TO DESIGNATED SCHOOL STAFF

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Medication: \_\_\_\_\_

Indications for Medication: \_\_\_\_\_

\_\_\_\_\_

Route for Administration: \_\_\_\_\_

Dose: \_\_\_\_\_

Adverse Reactions: \_\_\_\_\_

\_\_\_\_\_

Contraindications: \_\_\_\_\_

Side Effects: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, (*designee*) \_\_\_\_\_  
Have completed the requested training program for the above listed  
Medication administration and understand the instructions presented to me.

\_\_\_\_\_  
(*Signature*) \_\_\_\_\_ (*Date*)

I, (*nurse*) \_\_\_\_\_  
Have instructed the designated school staff person in the above listed  
medication administration.

\_\_\_\_\_  
(*Signature*) \_\_\_\_\_ (*Date*)

Attachment D

# MEDICATION RECORD

Key: √ (or initial) – medication given  
 A – Student Absent  
 X – School not in session

NAME: \_\_\_\_\_

School Year: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Medication: \_\_\_\_\_ Instructions: \_\_\_\_\_

MONTHS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
August																															
September																															
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January																															
February																															
March																															
April																															
May																															
June																															
July																															

Persons Administering Medication:

Signature	Initials	Signature	Initials