

ADMINISTRATION OF MEDICATION AT SCHOOL DURING SCHOOL HOURS

The following regulations and procedures will be followed when it is necessary for students to take medication at school:

1. A school nurse, or any other school personnel, may not dispense any medication, whether prescription or over-the-counter, to a student without a doctor's order.
2. Medications, prescriptions and over-the-counter, ordered by a physician and accompanied by the appropriate written statement from the parent/guardian and physician (Form 397EDS) may be administered at school.
3. Medication shall be administered by the school nurse, principal, or designee.
4. Medications are to be supplied by the parent/guardian in the original pharmacy prescription bottle or original container labeled with the student's name, the amount of the medication, amount of dosage, and time of administration.
5. Medication is to be stored in the health office in a locked facility or under required refrigeration. The only exceptions are those situations in which a student requires immediate medication for treatment of emergency or unusual medical conditions (i.e., severe bee sting allergy, asthma, etc.). Students will be granted a waiver to carry the medication on their person only with a signed doctor's order that it is absolutely necessary to do so. The doctor's order will be countersigned by authorized school personnel and carried with the medication. Such medication must be carried on the student's person when on the school grounds. This emergency medication is not to be left in the lockers, purses, book bags, or other places where other students may have access to it. The parent/guardian and student will establish a system of notifying school personnel of the frequency of the medication's usage.
6. At the end of the prescribed time period, or school year, parents/guardians will be notified to reclaim unused medication. With parent/guardian permission, the medicine will be sent home with the student. All unclaimed medication will be destroyed at the close of the school year.
7. Prescribed medications which continue into a new school year require renewal by completing new parent/guardian and physician requests annually.
8. When students bring unauthorized medication to school, it will be retained in the office until parents/guardians have been notified about procedures for medication at school and the requirements are fulfilled. The medication may be sent home at the end of the day or destroyed if no arrangements are made.
9. The proper authorization form must be completed prior to administration by school personnel.
10. A list of students receiving medications at school, including name of medication, time and dosage will be maintained in the office. Time given and the initials of the person administering the medication will be noted each time the medication is given.
11. Each year employees designated by the principal shall receive training from the school nurse on the administration of medication.

CHINO VALLEY UNIFIED SCHOOL DISTRICT ADMINISTRATIVE REGULATION

School _____ Grade _____ Sch Yr _____ Student's DOB _____	Chino Valley Unified School District CONTRACT FOR SELF-ADMINISTRATION OF MEDICATION FOR	Authorization Dates: Physician _____ Parent _____ School Nurse (name) _____
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This Medication Contract has been designed to ensure student safety and well being (EC 49243-49243.1). Persons indicated below will assume designated responsibilities in an agreement which **allows this student to self-administer** _____ at _____

(Name of Medication)

(Specify Time - or - When Needed)

The Parent Will...	<u>Provide</u> written parent and physician authorization -and- <u>Monitor/Verify</u> that student takes medication as prescribed, knowing that school personnel cannot monitor self-administration. <u>Provide</u> back-up medication in Health Office for emergency use. <u>Inform</u> School Nurse within 24 hours of any change in medication treatment regime. <u>Contact</u> School Nurse in May to discuss plans for the next school year. <u>Authorize</u> telephone communication between School Nurse and physician as needed. <u>Release CVUSD/personnel from civil liability</u> for any adverse reaction suffered by student's self-administration of medication
The Student Will...	<u>Demonstrate/Explain</u> to School Nurse the correct use of the medication, including frequency. <u>Store</u> medication safely along with a copy of this Contract in _____. <u>Take/administer</u> medication independently and discreetly -and- <u>Keep</u> parent informed. <u>Notify</u> Health Office immediately if medication is lost or stolen. <u>Refrain</u> from sharing medication with other students (this is subject to disciplinary action). <u>Other:</u> _____ <u>For Epi-Pen Administration:</u> alert site personnel to contact 911 emergency services as follow-up to self auto-injection.
The School Nurse Will...	<u>Develop</u> the authorized Medication Contract and any related Individualized Healthcare and Support plan (IHSP) -and- <u>Maintain</u> written parent and physician authorization on file. <u>Inform</u> appropriate school personnel, such as Health Tech, Office Staff, Teachers, Noon Supervisors, Bus Drivers, etc.) <u>Monitor</u> Contract implementation on a regular basis and renew Contract annually (if needed).
The Health Tech/Office Staff Will...	<u>Be Aware</u> of the student's Medication Contract. <u>Notify</u> both the School Nurse and parent in the event of unusual circumstances or emergency. <u>For Epi-Pen Administration:</u> contact 911 emergency services as follow up to student's self-administration (auto-injection). Stand by in readiness to implement CPR until emergency services takes command of the situation.
Other "Need To Know Personnel" Will...	<u>Be Aware</u> of the student's Medication Contract. <u>For Classroom Teachers:</u> <u>Leave</u> information for any substitute teacher. <u>Report</u> unusual circumstances to Health Office immediately (Note: for self-administration of Epi-Pen, 911 emergency services must be contacted immediately).

VERIFICATION OF MEDICATION CONTRACT

Review Date for continuation of this Contract will be: **Prior** to next school year or **As specified:** _____
"Need To Know" Personnel will be informed of Medication Contract by School Nurse by ____/____/____.
If non-compliance or a change in status occurs, the student, parent, or School Nurse may call for an immediate review. We have read and agree to the contents of this Medication Contract.

Student Signature _____	Date _____	Parent Signature _____	Date _____
School Nurse Signature _____		Date _____	