

PULASKI COUNTY SCHOOLS
GUIDELINES FOR MEDICATION ADMINISTRATION

Whenever possible, medications, both prescription and over-the-counter, should be given to the student at home. If medication must be given during the school day the following procedures must be met:

Parent Responsibilities:

- (1) The Authorization for Medications form must be completed in full and signed by the **physician and parent.**
- (2) A physician must specifically prescribe any medication that is to be taken during school hours. This policy includes **all** over-the-counter medications and prescription medications.
- (3) Parents or another adult must personally deliver both over-the-counter and prescription medications to the school. A student must never bring medication of any kind to school. Note: **Obtain medication self-management handouts if needed.**
- (4) All medication must be provided in the **original pharmacy container labeled with the name, dosage and prescription information. If there is any discrepancy between the Medication Authorization Form and the labeled medication container, the medication will not be given.**
- (5) Parents are responsible for picking up any unused medication. The principal or his/her designee, or school nurse will destroy any medication not claimed by a parent within two weeks after completion of the physician's orders.

School Personnel Responsibilities:

- (1) School personnel will be required to complete a medication administration safety course and post test, developed by the Board of Education, in cooperation with the Board of Health, prior to administering medications to students. School personnel will be required to complete a medication administration review training each school year.
- (2) All medications must be administered as ordered by physician.
- (3) **Physician must be notified of any request to withhold, discontinue, or change the dose or schedule of a medication.** A new authorization form must be completed and signed.
- (4) School personnel receiving prescription medication **must count it in the presence of the responsible adult delivering the medication. The date and number of pills must be entered on the individual student medication log and cosigned by the receiving staff and the responsible adult.**
- (5) Medications administered at the school must be stored in a secure, locked, clean container or cabinet.
- (6) An individual record/log must be kept of medications administered by school personnel on a daily basis for each student.

- (7) If there is an error or medication incident (accident), immediately notify school nurse, administration, child's parents and/or physician. Document the incident. Complete the medication incident report form and forward it to the school nurse coordinator.
- (8) All **medications** have the potential for causing side effects. School staff should observe student's response to medication and report to parents, school nurse or physician any changes in behavior, awareness, rash, complaints or anything else that may be related.
- (9) Medication not picked up at the end of the school year will be destroyed. Parents should be notified to pick up left over medications. If they are not picked up one week past the last day of school they will be destroyed.

When medications are destroyed, the amount destroyed and the method of disposal must be documented on the student's medication administration record. The individual destroying the medication and a witness must co-sign. The current guidelines for destroying unused medication is that pills/capsules be crushed and mixed with kitty litter in a zip lock bag and tossed in the trash. Likewise, liquid medication should be handled in the same manner. If you have questions about proper disposal of medication please talk with the school nurse or Supervisor of Health Services.

Revised: May 17, 2011

PULASKI COUNTY SCHOOLS
Authorization for Medications to be taken at School

The following section is to be completed by the **PARENT:**

Child's Name:

Last	First	MI	Sex	Birthdate
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School	Teacher	Student ID#	Medication Allergies	
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Physician's Name	Address	Telephone		

I request that authorized school personnel assist my child when taking the medicine(s) described below while at school. I authorize the school to contact my child's physician or designee about this prescribed medication. I give my consent for the school nurse to share information regarding this medication with Pulaski County School personnel who assist with my child's care while at school.

Date	Parent/Guardian Signature	Telephone #	Emergency Phone
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The following is to be completed by the **PHYSICIAN** for all medications*.

Diagnosis or Condition being treated:	
Name of Medicine:	
Route:	
Dose: **	
If medicine to be given DAILY, at what time?	
If medicine to be given "WHEN NEEDED," describe indications:	
How soon can it be repeated?	
List significant adverse side effects/serious reactions:	
Length of time this treatment is recommended:	

Other Information: _____

Date: _____ Physician's Signature: _____

* **ANY medication that is to be administered at school must be brought to school by a parent or guardian. NOT the child.** Special situations should be discussed with the principal.

** State law requires notification of the physician of **ANY REQUEST** to withhold, discontinue or change the dose or schedule of a medication. Changes **REQUIRE** that a new authorization form be completed. Any discontinued medications not picked up within two weeks will be destroyed.

Adopted: April 13, 2000
 Revised: May 17, 2011