

ADMINISTERING MEDICINES TO STUDENTS

Medications Prescribed for Individual Students

Employees of the Albemarle County School Board may give medication prescribed for individual students ~~st~~ only pursuant to the written order of a physician, physician assistant, or nurse practitioner and with written permission from the student's parent or guardian. Such medicine is to be in the original container and delivered to the principal, school nurse or school division designee by the parent or guardian of the student.

Nonprescription Medications

Albemarle County Public School personnel may give nonprescription medication to students only with the written permission of the parent or guardian. Such permission shall include the name of the medication, the required dosage of the medication, and the time the medicine is to be given. Such medicine is to be in the original container and delivered to the principal, school nurse or school division designee by the parent or guardian of the student.

Self-Care and Self-Administration of Medication

Self-administration of any medication with the exception of asthma medication, ~~and~~ epinephrine, and diabetes medications as discussed below, is prohibited for students. Each enrolled student who is diagnosed with diabetes, with parental consent and written approval from the prescriber, is permitted to:

- Carry with him/her and use supplies, including a reasonable and appropriate short-term suppl of carbohydrates, an insulin pump, and equipment for immediate treatment of high and low blood glucose levels, and
- Self-check his/her own blood glucose levels on school buses, on school property, and at school sponsored events.

Self-Administration of Asthma Medication

Students with a diagnosis of asthma are permitted to possess and self-administer inhaled asthma medications in accordance with this policy during the school day, at school-sponsored activities, or while on a school bus or other school property. In order for a student to possess and self-administer asthma medication, the following conditions ~~is~~ must be met:

- Written parental consent that the student may self-administer inhaled asthma medications is on file with the school;
- Written notice from the student's health care provider is on file with the school, indicating the identity of the student, stating the diagnosis of asthma and approving self-administration of inhaled asthma medications that have been prescribed for the student; specifying the name and dosage of the medication, the frequency in which it is to be administered and the circumstances which may warrant its use; and attesting to the

- student's demonstrated ability to safely and effectively self-administer the medication;
- An individualized health care plan is prepared, including emergency procedures for any life-threatening conditions;
- Information regarding the health condition of the student may be disclosed (to School Board employees) in accordance with state and federal law governing the disclosure of information contained in student scholastic records.

Self-Administration of Epinephrine

Students with allergic emergencies are permitted to possess and self-administer epinephrine in accordance with this policy during the school day, at school-sponsored activities, or while on a school bus or other school property. In order for a student to possess and self-administer epinephrine, the following conditions ~~must be~~ is-met:

- Written parental consent that the student may self-administer epinephrine is on file with the school;
- Written notice from the student's health care provider is on file with the school, indicating the identity of the student, stating the diagnosis of hypersensitivity and approving self-administration of epinephrine that has been prescribed for the student; the circumstances which may warrant its use; and attesting to the student's demonstrated ability to safely and effectively self-administer the medication;
- An individualized health care plan is prepared, including emergency procedures for any life-threatening conditions; There is a consultation with the student's parent before any limitations or restrictions are imposed on a student's possession and self-administration ~~of~~ in of inhaled asthma medications and auto-injectable epinephrine, and before the permission to possess and self-administer inhaled asthma medications and auto-injectable epinephrine at any point during the school year is revoked;
- Self-administration of inhaled asthma medications and auto-injectable epinephrine is consistent with the purposes of the Virginia School Health Guidelines and the Guidelines for Specialized Health Care Procedure Manual, which are jointly issued by the Virginia Department of Education and the Virginia Department of Health; and
- Information regarding the health condition of the student may be disclosed (to School Board employees) in accordance with state and federal law governing the disclosure of information contained in student scholastic records.

Permission granted to a student to possess and self-administer asthma medications and epinephrine will be effective for a period of one school year, and is to be renewed annually. However, a student's right to possess and self-administer inhaled asthma medication and epinephrine may be limited or revoked after appropriate school personnel consult with the student's parents. In addition, parents must provide medications to be stored in the clinic to insure the medications will be available to students at school.

Epinephrine

Pursuant to an order or standing protocol issued by a ~~the~~ prescriber within the course of his/her professional practice, a school nurse or any School Board employee who is authorized and trained in the administration of epinephrine may ~~possess epinephrine and~~ administer it to any student believed to be having an anaphylactic reaction.

Regulation

The Superintendent shall develop a regulation for administration of medicines to students. The regulation shall include provisions for the handling, storage, monitoring, documentation and disposal of medication.

Adopted: July 1, 1993
Amended: January 8, 2004; July 12, 2012; September 26, 2013

Legal Ref.: Code of Virginia, as amended, ~~§§sections~~ 22.1-78, 22.1-274.01:1, 22.1-274.2, 54.1-2952.2, 54.1-
2957.02,
54.1-3408

Manual for Training Public School Employees in the Administration of Insulin and Glucagon
(Virginia Department of Education Nov. 2011)

Cross Ref.: JFC Standards of Student Conduct
JHCE Recommendation of Medication by School Personnel

ADMINISTRATIVE PROCEDURES FOR ADMINISTERING MEDICATIONS TO STUDENTS

- A. Physician's orders for prescription medication to be administered shall specify in writing the duration of the order and the name and dosage of the drug. The orders ~~are to should~~ be renewed at least every school year.
- B. Parents/guardians shall file written requests for school personnel to administer non-prescription medication to children. The request shall specify the name and dosage of the medication. The request shall be renewed at least every school year.
- C. Parents/guardians shall file a written request to allow their child to self-administer asthma medication or epinephrine.
- D. Each school should keep a log book with consecutively numbered pages in which the administration of medicine is recorded, in ink, showing the date and time of administration in each case, the name of the student, the kind and quantity of medicine, the name of the prescribing physician (if applicable), and the signature of the school nurse, principal, or other school employee administering the preparation.
- E. The specific written order of the physician and the written authorization of the parent should be kept on file, and all parental consents or authorizations should be renewed every school year.
- F. Not more than one month's supply of a medication shall be stored in a school. The medication shall be stored in a designated place separate from first aid supplies and securely locked at all times.
- G. The school employee will give the medication to the student to be self-administered unless the student is physically unable to administer the medication to himself/herself.
- H. Unused medication shall be returned to the parent/guardian or shall be disposed of annually.
- I. Any exception to this regulation shall be made by the principal/designee after written request by the student's parent and authorization by the student's physician.

Adopted: July 1, 1993
Amended: January 8, 2004
Reviewed: September 12, 2013

NOTIFICATION TO PARENTS

Dear Parent:

We attempt to discourage administration of medications during school hours and request that, whenever possible, medication doses be scheduled outside of ~~other than~~ school hours. We recognize that this is not always possible and will cooperate in the administration of medication that must be ~~is~~ given during school hours. Our regulations include:

1. Physician's orders for prescription medication to be administered shall specify in writing the duration of the order and the name and dosage of the drug. The orders are to ~~should~~ be renewed at least every school year.
2. Parents/guardians may request in writing that school personnel administer non-prescription medication to children. The request shall specify the name and dosage of the medication. The request must be ~~should~~ be renewed at least every school year.
3. The specific written order of the physician and the written authorization of the parent will ~~should~~ be kept on file and all parental consents or authorizations are to ~~should~~ be renewed every school year.
4. Not more than one month's supply of a prescribed medication shall be stored in a school. The medication shall be stored in a designated place separate from first aid supplies and securely locked at all times.
5. The school employee will give the medication to the student to be self-administered unless the student is physically unable to administer the medication to himself/herself.
6. Unused medication shall be returned to the parent/guardian or shall be disposed of annually.
7. Any exception to this regulation shall be made by the principal/designee after written request by the student's parent and authorization by the student's physician.

Albemarle County Public Schools

Parent's Request for Giving Medicine at School

School	Phone	Fax	School	Phone	Fax
Agnor-Hurt	973-5211	974-7046	Stony Point	973-6405	973-9751
Baker-Butler	974-7777	964-4684	Woodbrook	973-6600	973-0317
Broadus Wood	973-3865	973-3833	Yancey	286-3768	974-8061
Brownsville	823-4658	823-5120	Burley	295-5101	984-4975
Cale	293-7455	293-2067	Henley	823-4393	823-2711
Crozet	823-4800	823-6470	Jouett	975-9320	975-9325
Greer	973-8371	973-0629	Sutherland	975-0599	975-0852
Hollymead	973-8301	978-3687	Walton	977-5615	296-6648
Meriwether Lewis	293-9404	979-3850	Albemarle	975-9300	974-4335
Murray Elem.	977-4599	979-5416	Monticello	244-3100	244-3104
Red Hill	293-5332	293-7300	Murray High	296-3090	979-6479
Scottsville	286-2441	286-2442	Western Albemarle	823-8700	823-8711
Stone Robinson	296-3754	296-7645	Enterprise	974-8070	979-6479

Please send this form to the school when needed. All areas on this form must be completed for us to administer the medication. Please print. Please have the school nurse, or a member of school staff, administer to:
 _____ (name of child) the following medication:

(Check one) _____ Certain prescription medication specified below or
 _____ Non-prescription medication specified below.

I understand that the person at the school who will administer this medication or treatment may be inexperienced and untrained in this requested service and state, without reservation, that I shall not hold him/her or the Albemarle County School Board liable in any way for harm or injury that may be experienced by my child as a result of this service. **I understand I am to provide all medication administered to my child in its original container.** I realize medical information associated with the use of this medication may be disclosed to school employees with supervisory authority for my child. For prescription medication, my signature below shall be deemed consent for the school nurse to contact the physician named below for signature or to discuss the medication.

Date of Order: _____

Name of Medication and prescription number (if applicable): _____

Exact dosage to be given: _____ Exact time to be given: _____

Reason for medication: _____

Duration for medication: _____

Special Instructions: _____

Signature of Physician (for prescription medication): _____

Physician telephone number: _____

Signature of Parent or Guardian: _____

Parent of Guardian telephone number: _____

CONTRACT FOR SELF-CARRIED MEDICATION

Student: _____ Grade: _____

Physician: _____ Telephone: _____

Medication: _____ Dose: _____ Time: _____

Medication is permitted in accordance with district policy. Student's physician must authorize self-carried/administered medication. Student name must appear on the medication container or inhaler.

Responsibilities for carrying medication:

Yes No

- ☐ ☐ Health care action plan complete
☐ ☐ Demonstrated correct use/ administration
☐ ☐ Recognizes proper and prescribed timing for medication
☐ ☐ Does not share medication with others
☐ ☐ Keeps medication in agreed location
☐ ☐ Keeps second labeled container in the Health office
☐ ☐ Agrees to come directly to the Health office if having the following symptoms after using medication:

The student does/does not demonstrate the specified responsibilities.

The student may carry the medication unless and until he/she fails to follow the above agreement.

Comments and added responsibilities:

(Student/date)

(School Nurse/date)

I request that my child be allowed to carry his/her medication and be responsible for its proper storage and use. I will support my child to follow the above agreement and if he/she does not, I will be contacted and we develop a new plan.

(Parent/guardian/date)

(Parent daytime telephone numbers)

AUTHORIZATION FOR SELF-CARRY/ADMINISTRATION OF MEDICINE
AT SCHOOL AND AFTER-SCHOOL ACTIVITIES

School Board policy permits a responsible, trained student to carry and/or self-administer medication for asthma, severe allergic reaction, or diabetes on his/her person for immediate use in ~~the a~~ life threatening situation with written order of physician, parent consent, school nurse and principal approvals.

PHYSICIAN / HEALTH CARE PROVIDER ORDER

Student: _____ DOB: _____
Address: _____
School: _____ Grade: _____

Condition for which the medication is administered _____

Name of medication _____

Dose _____ Method administered _____

Time or indication for administration _____

Is this a controlled drug? ____ Yes ____ No

Side effects to be noted/reported _____

Other recommendations _____

Duration (dates) of administration: From _____ to _____ (within current school year)

IN MY OPINION, THIS STUDENT SHOWS CAPABILITY TO CARRY AND SELF-ADMINISTER THE ABOVE MEDICATION.

Physician Signature

Print Name

Telephone numbers

Date

PARENT/GUARDIAN AUTHORIZATION

I request that my child, named above, be permitted to carry and self-administer the above-ordered medication. I take responsibility for this permission. I understand that the medication is in its original container, labeled with name of student and name of medication. No more than a 45-school day supply of medication will be kept at school. This medication will be destroyed unless picked up within one week after the end of the school year or end of the medical order.

| Parent's Request for First Aid Treatment at School

Please have the school nurse, or a member of the school staff, administer to

_____ (name of child) the following
non-prescription medication or treatment specified below:

__Cough/throat drops

__Antibiotic cream or ointment

__Hydrocortisone cream or ointment

__Calamine or caladryl lotion

__Eye wash/contact lens care

__Sting relief or topical analgesic

__First aid wound wash

__Sun screen

__I do not want my child to have any treatment
without contacting me first.

Other _____

Time of day to be administered: _____ as needed _____.

Reason for medication: _____ as needed _____. Duration for medication: school year.

Allergies: _____

Special Instructions: _____

I understand that the person at the school who will administer this medication or treatment may be inexperienced and untrained in this requested service and state, without reservation, that I assume the risk of injury that my child may experience as a result of this authorization and agree to hold harmless the Albemarle County Public Schools and its staff for any such injury.

Name of Parent/Guardian

Home Number

Daytime Number

Signature of Parent/Guardian

Date