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MEDICATION ADMINISTRATION TO PUPILS DURING REGULAR SCHOOL HOURS

The Etiwanda School District has implemented a policy regarding the dispensing of all medication including prescription, non-prescription, and disaster medication to students during regular school hours. This policy is adopted for the protection of the pupil involved and the safety of other pupils.

“Medication” may include, but is not limited to, over-the-counter remedies, nutritional supplements, herbal remedies, topical creams, and *any* substance dispensed by prescription.

Please review the following information so that any use of medication by your child at school complies with District policy.

ALL MEDICATION

All medications, including prescription and over-the-counter, require written physician instructions and written parent consent. (If your child needs medication, a form is available in the school office or on the district website at www.etiwanda.org under “Parents/Forms and Documents/Medical Forms.”) The physician instructions must include the pupil’s name, date of birth, the name of the medication, correct dosage, maximum dosage, time interval between dosages, method of administration, reason for administration, and side effects. Any special storage requirements, such as refrigeration, must also be included. Physician Instructions must be renewed each school year.

All medications, including prescription, non-prescription, and emergency medication *must* be personally delivered to the school office by the pupil’s parent, guardian, or authorized parent designee. In order for the appropriate school staff to assist with medications at school, parents must provide all necessary supplies and equipment. Pupils *may not* bring medication to school in book bags, lunch boxes, sealed plastic bags, purses, pockets, or in any other carrying case.

Pupils with medical conditions that require them to carry medication must obtain appropriate authorization under the District policy prior to bringing any medication to school. (Please see the section below under Self-Administered Medications.)

Outdated or unused prescription or medication that is no longer used due to a change in prescription must be personally picked up by the pupil’s parent or guardian. School personnel will not send medication home with the pupil. The District will dispose of outdated or unused medication in accordance with federal and state laws if the medication is not retrieved by the parent at the end of each school year.

PRESCRIPTION MEDICATION

All prescription medication must be labeled by a licensed pharmacist and in a manner that is consistent with the treating physician’s written statement. All prescription medication must be in the original container with a separate labeled container for each medication. This requirement enables the designated school personnel to properly identify the medication and ensure appropriate administration.

Please note that all prescription medications must be prescribed by a physician licensed in the state of California and filled by a pharmacist licensed in a state of the United States of America.

NON-PRESCRIPTION MEDICATION

Any over-the-counter medication such as Tylenol, Advil, cough drops, or Benadryl may be administered during school hours only when accompanied by the written instructions of the treating physician and the signed consent of a parent or guardian. Again, medication must be properly labeled and in the original manufacturer’s container.

Parents should administer pupil medication at home or before and after school hours whenever possible.

SELF-ADMINISTERED MEDICATION

In the case of a life-threatening medical condition, your child's physician may prescribe that your child be allowed to carry and administer his or her own medication (*must be in writing*). In this instance, the parent should immediately contact the principal at the student's school site to schedule a conference with the parent, district nurse, and/or principal and to receive a request form for self-administered medication while at school. This form must include detailed instructions from the physician for the student to self-carry and self-administer along with the parent request for the student to self-carry and self-administer the medication. **The completed self-administration medication request form, along with the instructions from the physician, must be provided to the school BEFORE the medication is allowed on the school campus or bus.** Physician instructions should include safe maintenance for the medication and an explanation of why the child should carry the medication rather than keep it in a secure place in the school office for regular administration of the medication.

SEVERE ALLERGIC REACTIONS

The District permits certain trained school personnel to administer auto-injectors of epinephrine to students in the event of an emergency allergic reaction as authorized by Education Code section 49423. As required by Education Code 49414 the school site has emergency epinephrine auto-injectors available to trained personnel for emergency use. We are aware that different brands of auto-injector devices are manufactured for this purpose. After reviewing the available devices and consulting the appropriate resources, the District has determined there are several devices, including **EpiPen, the Adrenaclick, and similar devices**, that will be authorized for administration by school staff. Alternate devices that may be inappropriate for use by school personnel will not be authorized if there is exposure to a contaminated needle. The California Division of Occupational Safety and Health prohibits such exposure by employees. (8 CCR, section 5193 (d) (3) (B) (2).) If a student's physician prescribes an injector with exposure to a contaminated needle, the District will request that the physician alternately prescribe **EpiPen, Adrenaclick**, or a similar device. Your cooperation is requested in advising your child's physician of the District's requirement that staff use the **EpiPen, Adrenaclick**, or similar devices.

EMERGENCY MEDICATION

Natural emergencies may arise during a school year so it is wise to be prepared. The Health Office staff, in its effort to be better prepared in the event of a disaster, requests that you supply the school with at least a 72-hour supply of medication your child is taking. Again, this medication must be properly labeled, in the original container, and the physician's instructions and parent consent form must accompany the medication.

Please do not send any medications to school with your child. We ask that you follow our policy and procedures for the safety and protection of all pupils.

Thank you for your cooperation in this matter. If you have any questions or concerns regarding the above information, feel free to contact the school health office staff or the school district nurses.

CALIFORNIA EDUCATION CODE 49423

California Education Code section 49423 provides that any pupil who is required to take, during the regular school day, medication prescribed for him/her by a physician, may be assisted by the school nurse or other designated school personnel. Education Code section 49423.5 provides that any individual with exceptional needs who requires specialized physical health care services, during the regular school day, may be assisted by the following individuals:

- a) Qualified persons who possess an appropriate credential issued pursuant to Education Code section 44267 (services credential in a specialization in clinical or rehabilitative services), or hold a valid certificate of public health and nursing issued by the State Department of Health Services, or
- b) Qualified designated school personnel trained in the administration of specialized health care provided they perform such services under the supervision of a school nurse, public health nurse, or licensed physician and surgeon.

Very Truly Yours,

Charlene Dean, RN

Charlene Dean, R.N., B.S.N.

Etiwanda School Health Services Coordinator



PARENT REQUEST FOR SCHOOL ASSISTED MEDICATIONS

Physician Instructions

This form must be completed before any medication (prescription or over-the-counter) can be given or taken at school. Signatures of both physician and parent/guardian are required. This form must be renewed annually or with any change in medication.

Student Name _____ Date of Birth _____

PHYSICIAN USE ONLY

1. MEDICATION _____ Dose _____ Reason/Diagnosis _____

Route Oral Nasal Topical
 Inhale Injection Other _____ Med Start Date _____ Stop Date _____

If DAILY ~ Time(s) to be given _____

If AS NEEDED (prn) ~ Frequency Every 3 to 4 hrs. Every 4 to 6 hrs. Other _____

Other instructions, if needed (e.g., signs/symptoms for usage, special storage, adverse reactions) _____

2. MEDICATION _____ Dose _____ Reason/Diagnosis _____

Route Oral Nasal Topical
 Inhale Injection Other _____ Med Start Date _____ Stop Date _____

If DAILY ~ Time(s) to be given _____

If AS NEEDED (prn) ~ Frequency Every 3 to 4 hrs. Every 4 to 6 hrs. Other _____

Other instructions if needed (e.g., signs/symptoms for usage, special storage, adverse reactions) _____

Physician Signature _____ Date _____

Physician Name _____

Address _____ Phone _____

City _____ Zip _____

Parent Request for School-Assistance with Medication

I/we hereby request that the staff of _____ School assist with giving medication(s) to my/our child _____ (student's name) as stated in the above physician instructions.

Release of Liability and Agreement to Indemnify and Hold School District Harmless (must be completed)

I/we hereby expressly release, hold harmless, and agree to indemnify and defend the Etiwanda School District and its Governing Board members, officers, employees, agents, representatives, independent contractors and insurers (collectively referred to as the "District") from all claims and liability (including civil liability) for any personal injuries, death, or property damage that may be incurred by permitting the school to assist in the giving my child's medication. This release, hold harmless and indemnification agreement shall remain in effect until the written notice to terminate the agreement is received and acknowledged in writing by the school principal. I/we understand and agree that if I/we terminate this agreement, the school will no longer assist in giving medication to my child.

I/we understand that school district regulations require student medication to be maintained in a secure place, under the direction of an adult employee of the school district, and not carried on the person of a student. (Some emergency medications may be self-carried with written physician instructions and compliance with school policies. See accompanying information on self-carrying of medications.)

I/we give the school district nurse or other authorized school personnel permission to contact my/our child's physician regarding the above stated medications. Such consultation shall be limited to the medication(s) and possible side effects as well as signs and symptoms of omission or overdose.

_____/_____/_____
Signature of Parent or Guardian / Date / Phone Number

_____/_____/_____
Signature of Parent or Guardian / Date / Phone Number

All medication orders will be automatically discontinued at the end of the school year. New orders are required each school year.

California Education Code section 49423 provides that any pupil who is required to take, during the regular school day, medication prescribed for him by a physician, may be assisted by the school nurse or other designated school personnel if the school district receives (1) a written statement from such physician detailing the method, amount, and time schedules by which such medication is to be taken and (2) a written statement from the parent or guardian of the pupil indicating the desire that the school district assist the pupil in the matters set forth in the physician's statement.