Dispensing of Medication to Students

1. The student’s parent/guardian must provide the school with written permission and request to administer medication, using the district “Authorization to Administer Medications” form available at school offices. (see JGFGB-R-13)

2. Written instructions from the physician must include name of student, name of medication, dosage, time to be administered, route of administration, duration of administration, adverse reactions, and diagnosis (optional) or reason for the medication, and must accompany the medication. (see JGFGB-R-13)

3. Medication must be administered by one adult in the presence of a second adult, except in an emergency that threatens the life of the student, and in accordance with the orders of the physician. Both individuals must be designated by the school administrator.

4. Any staff person designated to administer medication shall receive inservice training on all district policies and procedures related to this responsibility. Documentation of individual completion of this training shall be maintained and available upon request by parent/guardian, physician, or school official.

5. Medication must be brought to school or picked up from school by the parent/guardian or adult designee. The school will verify amounts of substances brought to school in the presence of a parent/guardian, unless alternate arrangements are made by a building administrator.

6. Medication dispensed to students by school personnel must have the following: properly labeled container prepared by the pharmacy, physician or pharmaceutical company, including student’s name, medication name, dosage to be issued, and physician’s name. The medication must be in the above-mentioned container in the same dosage and contents as described on the medication form. Both will be kept in a secured area.

7. Medication shall be stored in a locked cabinet or similar secured area, with limited access, except at time of administration.

8. A log of medication administration must be kept. The log shall contain the name of the student, the name of the medication, the dosage to be given, and the time to be given. The person giving the medication shall record the date and time of the administration of the medication and sign their name. (see JGFGB-R-14)

9. A designated, second trained adult shall verify and witness the administration of all medications and will initial the log at the time of administration.

10. If an error is made in recording or documentation, the person who administered the medication shall cross out the entry, initial the error, and make the correction in the log. At the end of the school year, the medication logs will be filed with the school’s attendance and/or grade books.
11. If an error is made in administering medication, such error shall be reported immediately to the building administrator. The building administrator or designee shall report the medication error to the parent/guardian and suggest consultation with the physician and/or pharmacist. A report of the error shall be made and filed.

12. If any adverse reaction to medication occurs, the parent/guardian shall be notified, and, if necessary, 911 shall be called.

13. After the initial request for administration of medication, no dosage or time of administration changes shall be instituted except by written instruction from the physician.

14. Parental or guardian request/permission and physician’s instruction must be renewed for each school year, or more often, if necessary.

15. Prescription and medication supply renewal is the responsibility of the parent/guardian.

16. Medication left over at the end of the school year shall be picked up by the parent/guardian or the school will appropriately dispose of the medication and record this disposal on the medication log. Disposal shall be witnessed by a second adult.

17. The school may set a designated time for administration of medication. The parent/guardian shall be informed of this designated time and communicate this to the family physician when he/she writes instructions for administration of the medication. If an exception to the school-designated administration time is needed, the physician is requested to send a written explanation along with medication administration instructions to the school.

18. Expiration dates shall be checked periodically, especially on epi-pens and inhalers.

19. It is the responsibility of the parent/guardian to assure that the medication given to the school is at the correct dosage. The school will not take the responsibility of altering that dosage, such as dividing pills or capsules.
Student Self-Administration/Self-Possession of Medication

Self-administration means that the student is able to consume/apply prescription and non-prescription medication in the manner directed by the physician, and with parental permission and school administrator approval, in accordance with the instructions of the manufacturer.

Self-possession means that under the direction of the physician, and in accordance with the instructions of the manufacturer, the student may, with parent and school administrator approval, carry medication on his/her person to allow for immediate and self-determined administration in accordance with physician instructions.

Students in grades 9-12 shall not be required to have medication dispensed by school personnel unless the student's parent or guardian, physician, or public health nurse directs administering of medication by school personnel, and the administration approves. Students in grades K-8 may self administer emergency medications such as Epi-pens or inhalers with parent and physician approval. Parents should be instructed to notify the school of all instances where their child is taking medication, prescription or over-the-counter, irrespective of the dispensing party.

For students whose medication will be dispensed by school personnel, all regulations cited above in items 1 through 19 also apply for students in grades 9-12.

Students Authorized to Self-Administer Medication

1. The student’s parent/guardian must provide written permission and request the school to allow the student to self-possess or self-administer any prescription or non-prescription medication. (see JGFBG-R-13)

2. Written instructions which include name of student, name of medication, dosage, diagnosis, time to be administered, route of administration, duration of administration, adverse reactions, and the physician’s instruction that the student may self-possess and/or self-administer must be provided to the school. (JGFBG-R-13)

3. The parent or guardian request/permission and physician’s instructions must be renewed for each school year, or more often, if necessary.

4. The building administrator must approve student self-administration/self-possession.

5. The building administrator may discontinue the student self-administration privilege upon advance notification to the parent/guardian.

6. Students may carry only a one-day dose of medication in a properly labeled container prepared by a pharmacy or pharmaceutical company and labeled with dosage and frequency of administration, student’s name, and medication name. This language also pertains to refills.

7. Illegal substances are not to be included in this self-administration/self-possession policy.
8. An administrator will review these regulations with any student requesting to self-medicate. Documentation of this review will be kept on file.

9. **Students not following these regulations will be subject to the Student Conduct Code for possession of illegal substances.**

Administration of Medications - Field Trips (Cf. IFCB)

This procedure suggests a small, pocketed portfolio be prepared which would contain: (1) this procedure; (2) a copy of applicable Board Policy Manual procedures; (3) directions for epi-pen. These materials would be three-hole punched and permanently inserted in the center of the portfolio. Copies of logs for the specific field trip would be placed in the left pocket; copies of Emergency Care Plans would be placed in the right. The portfolio is identified as, “Administration of Medications, Field Trips/Activities,” in this procedure.

Prior to field trip departure, the activity supervisor shall review the Regular/Extended Field Trip Form (see IFCB-R-9/IFCB-R-12) and Consent Form (see IFCB-R-10/IFCB-R-14) to determine if any participating student may require medication or have health concerns while away from school.

The activity supervisor shall obtain from the office staff the folder, “Administration of Medication, Field Trips/Activities,” as well as all medication to be transported.

The activity supervisor will confirm with office staff all students identified on the Consent Forms as having serious allergic reactions to insect stings, food or other substances. Copies of the Emergency Care Plans for affected students will be placed in the right pocket of the Field Trips/Activities folder.

The activity supervisor shall store and transport medication for affected students in designated, secured containers. The medication for each student shall remain in the properly labeled container prepared by the pharmacy, physician or pharmaceutical company. The storage container and all medications will be returned to the office staff after the activity.

The activity supervisor (or other designated staff member) shall administer medication in the presence of a second staff member (or adult) in accordance with the medical authorization form and school district procedures.

The activity supervisor and witness shall make appropriate notations on a photocopy of the Daily Medication Log (see JGFGB-R-14) for affected students. These logs will be placed in the left pocket of the Field Trips/Activities Folder prior to departure, and will be submitted to office staff after completion of the activity for placement with medication logs.
Students with Serious Allergic Reactions to Insect Stings, Food and/or Other Substances

Identification of Students with Serious Allergic Reactions

1. Previously identified students with need for emergency medication.
   a. Prior to the start of the school year, school staff will mail the following forms to parents/guardians of attending students identified on previous year's chronic health list as having serious allergic reactions.
      (1) Parent Letter
      (2) Parent Questionnaire
      (3) School-based Management Plan
      (4) Authorization to Administer Medication Form (see JGFGB-R-13)
   b. Parent/guardian returns completed forms and provides medication as ordered by physician.

2. Newly identified students with need for emergency medication.
   a. Designated school personnel reviews Emergency Cards and compiles list of all identified students with serious allergic reactions within two weeks.
   b. School personnel mails the following to parent/guardian of each identified student:
      (1) Parent Letter
      (2) Parent Questionnaire
      (3) School-based Management Plan
      (4) Authorization to Administer Medication Form (see JGFGB-R-13)
   c. By the second week of school, the compiled list of students with serious allergic reactions and other health conditions will be shared with appropriate personnel (i.e., teachers, physical education teachers, cafeteria staff, playground staff, substitute teachers, bus drivers, principals, athletic coaches), as needed.
   d. Parents/guardians return completed forms and provide medication as ordered by physician.
   e. School personnel will provide a list of students from whom there was no response to the principal. Each situation will be addressed by the principal on an individual basis.
   f. A copy of the returned Parent Questionnaires and school-based management plans will be reviewed by designated staff as they arrive.
   g. Appropriate staff will be informed of new students with severe allergic reactions upon enrollment or new diagnosis.
h. After an occurrence of any serious allergic reaction requiring medical intervention, consultation with the public health nurse may be appropriate.

**Operational Procedures**

1. Preliminary Actions

   a. Parents/guardians will be requested annually to inform school personnel of emergency medical information about their child(ren).

   b. Before school personnel can give emergency medication and/or treatment, the school must have on file for the current school year completed forms including:

      (1) Parent Questionnaire
      (2) School-based Management Plan
      (3) Authorization to Administer Medication Form (see JGFGB-R-13)

   c. These forms shall be kept in the office medication book.

   d. Designated or appropriate school personnel will review the Parent Questionnaire and the School-based Management Plan. Proper dispensing of emergency medication will be followed according to the physician’s recommendation. In the event of an emergency before receipt of necessary items, school district policy and basic first aid procedures will be followed.

   e. At least two staff members and all other involved staff shall be designated by the principal to be trained to handle emergency allergic reactions.

2. Procedural Implementation

   a. Every reasonable attempt will be made to notify parents/guardians at the time of the event or occurrence of an allergic reaction.

   b. Staff will follow the individualized School-based Management Plan, which will be updated annually and as changes occur, and will be in compliance with current medical practice.

   c. Staff will follow standard care plan for allergic reactions for all students without individualized School-based Management Plan.

   d. Administering medications necessary and ordered-for medical management of serious allergic reactions shall follow the Walled Lake Medication Policy. If Epinephrine is ordered, an auto injector is required (Epi pen).

   e. Arrangements for emergency transportation shall be determined in advance and prior notification to EMS will be made for potentially high-risk situations, if so determined.
School-based Procedures to Administer Medication

Each school will develop a plan for the administration of medication annually, or as needed. The plan should be individualized and meet student needs, but may be completed on a class-wide, grade-level or school-wide bases. Every effort will be made to identify, and use, those staff members willing to administer medication. The components of the plan are as follows:

1. Name of staff member to administer medication.
2. Name of staff member to witness administration of medication.
3. Training for those who administer and those who witness the administration of medication will be provided.
4. Any staff members may be asked to participate.
5. The standard Daily Medication Log must be used in each school. (see JGFGB-R 14)
6. Schools are encouraged to identify parent volunteers to cover routine office tasks when office personnel are involved in either administering or witnessing the administration of medication. Parents should not administer medication to anyone except their own children.
7. Schools should designate, and publicize to parents/guardians, a timeframe during which medication will be administered.
8. Deviations from normal administration, and other helpful information, must be included under “notes.”
9. Those who administer, and those who witness, the administration of medication must sign their last names in the appropriate column of the Daily Medication Log.
10. The witness must verbally confirm, to the staff member administering, that the appropriate medication and dose have been administered.
11. When pills must be divided, parents/guardians are responsible for ensuring this is done in advance.
12. Informal deviations to physician’s written statements are not permitted.
13. Procedures for athletics (in cooperation with the district athletic director) and co-curricular activities will be developed by each building.
14. Emergency cards should be highlighted in the upper right hand corner, one color for medical alerts and a different color for custody issues.
15. School-based plans shall be submitted for review to the assistant superintendent of schools to assure consistency with these regulations.

7/1/93
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Questions and Answers Regarding Administration of Medication

1. If the portion of the form to be completed by the physician is left blank, can the handwritten prescription just be attached to the form?
   No. The form must be completely filled out by the physician. Simply attaching the handwritten prescription is inadequate.

2. What if a student brings the medication in a generic bottle or a baggy?
   The medication may not be accepted in that form. It must be brought in an appropriately labeled pharmaceutical container.

3. What about non-prescription drugs that have no specific instructions?
   It is adequate to attach a label with the student’s name and dosage in accordance with the Authorization of Medication Form.

4. What should be done if a student does not appear for his/her medication at the appropriate time?
   Even at the high school level, students’ sense of responsibility develops at different ages. Therefore, it is most appropriate for the teachers and office staff to work together to ensure that the medication is given. Particularly in the case of handicapped students, their ability to remember to take their medication on a daily basis may be impaired. A plan will be developed, with the assistance of the administration that ensures all students will receive and take their medication. Elements of the plan will include who administers the medication, who witnesses, how administration is monitored (regularity), and time of administration.

5. How much time before and after the prescribed time for administration can the medication be administered?
   Generally speaking, medication should be administered between one-half hour before the scheduled time and one-half hour afterward—absent any information to the contrary from a physician.

6. If a designated staff member is absent, may substitutes administer medication? Are they covered by the district’s liability insurance?
   Yes, they should administer the medication, and they are covered by the district’s liability insurance policy.

7. Is medical information considered confidential? If so, should students be receiving their medication in the public area of the main office?
   Specific medical information is confidential. Ideally, students would receive medication in a more private setting. However, this is not always practical. And, since the specifics of the information (diagnosis, medication, etc.) are not available for the public, it is permissible for students to receive their medication in the office.
8. If the dosage requires pills to be split, who is responsible?
   Parents/guardians are responsible for splitting the pills.

9. What about students who fake swallowing the pills?
   Students should not be permitted to leave the office area until the pill is in their mouth
   and they have apparently swallowed it. However, it is virtually impossible to prevent a
   student who willfully tries to evade this process from being successful.

10. What should be done if there is no witness available?
    There must be a witness to the administration of all medication.

11. If a parent/guardian calls and states that the dosage is to be changed, but there is no
    written authorization, should the verbal, changed information be used?
    No. The information on the Authorization to Administer Medication form must be
    followed until the parent/guardian and physician change it.

12. What should be done if a parent calls to state that the administration of medication
    should stop?
    Although the parent authorizes the school to administer the medication in writing, verbal
    authorization to stop must be honored. Efforts to receive written authorization must be
    made.

13. What procedure should be followed if a new authorization for medication is
    received, with new instructions, but no new medication is received?
    The physician’s new instructions and those on the medication bottle must be consistent.
    Therefore, parents should use the old medication at home.

14. How should medication be handled on a field trip?
    The same procedures should be used on a field trip as are used in school. A
    cooperative effort among the staff on the trip should result in administration of
    medication in accordance with Board policy and regulations.

15. For which students are schools, by law, required to administer medication?
    Schools are not required to administer medication unless specified in an IEPC or
    Section 504 plan. However, in the district’s continuing efforts to cooperate with parents
    and their children’s education, schools will continue to administer medication.
16. What parameters must be followed for an employee to be covered by the district’s liability insurance policy?

The revised school code, effective July 1, 1996, contains section MCL 380.1178: “A school administrator, teacher or other school employee designated by the school administrator, who in good faith administers medication to a pupil in the presence of another adult, or in an emergency that threatens the life or health of the pupil, pursuant to written permission of the pupil’s parent or guardian and in compliance with the instructions of a physician, is not liable in criminal action for civil damages as a result of the administration except for an act or omission amounting to gross negligence or willful and wanton misconduct.”

17. What coverage is provided to employees who administer medication?

For employees administering medication in accordance with district policy and MCL 380.1178, employees are fully covered. This means that, in the event of a lawsuit, the district becomes the defendant and district legal counsel pursues the matter. Similarly, employees acting within the scope of their responsibilities are fully covered by our district policy.

18. Would an employee involved in a legal proceeding resulting from medication dispensation suffer any personal monetary loss?

There would not be any personal monetary loss suffered so long as the employee was working within the scope of their responsibilities, in conformance with district policy and MCL 380.1178, and district insurance coverage.

19. What support can an employee expect should a legal proceeding be initiated as a result of medication dispensation?

Again, so long as the employee is proceeding within the scope of his/her responsibilities and in accordance with Board policy and MCL 380.1178, the employee will be fully supported by district administration and legal counsel.

20. If a designated employee withholds consent to dispense medication, could his/her position be in jeopardy?

So long as the employee conforms with district policy and procedures, the employee’s job will not be in jeopardy.

21. Must two staff members be present to administer and witness the administration of medication?

In accordance with Board policy and procedures, there must be two people present when medication is administered—one to administer it, and one to witness it.
22. If the designated staff members to administer and witness the administration of medication are office staff, who will handle all of the other office responsibilities, particularly during the busy lunch period?
   It is recommended that principals recruit volunteers or alternate staff to handle routine office responsibilities during the lunch period so that the designated staff members can more effectively administer medication.

23. What is meant by injectable?
   Generally, injectable refers to the use of an Epi-pen. However, there may be other medical situations that require injections. These will be handled on a case-by-case basis, with appropriate planning and training.

24. Are the designated staff members responsible for giving eye drops for conjunctivitis, ear drops, nose drops, etc.?
   No, except on a case-by-case basis.

25. Must designated staff members apply lotion to severe sunburn, impetigo, poison ivy, etc.?
   No, except on a case-by-case basis.

26. Who is responsible for providing the school with an accurate means of dispensing liquid medications?
   The parents/guardians are responsible for providing medication cups for use with liquid medication.

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