

DISPENSING MEDICATIONS

4001.4

Medications should be administered to children at home, rather than at school, whenever possible. School District personnel (including employees, registered nurses serving the district, volunteers and/or licensed school bus drivers) who are authorized in writing by the District Administrator or his/her designee may administer medication to students under the procedures and conditions established to implement this policy that are developed with the assistance of a school nurse and adopted by the Board.

The District Administrator or his/her designee shall be responsible for overseeing the receipt of the written medication instructions and consents, the maintenance of complete and accurate medication administration records, the proper storage of medications, and the disposal of outdated and unused medications in accordance with District policy and procedures. The District Administrator or his/her designee shall be responsible for ensuring that the written medication administration instructions that are on file in the District are periodically reviewed by a registered nurse.

No school personnel, other than a health care professional, shall be involuntarily required to administer any medication to a student by any means other than ingestion. Authorized school personnel who voluntarily agree to administer a prescription drug or nonprescription drug product that must be injected into a student, inhaled by a student, rectally administered to a student, or administered into a nasogastric, gastrostomy or jejunostomy tube must receive and complete all state-mandated and District-required training and demonstrate competency at performing these functions before authorization to administer the medication will be granted. In an emergency situation, untrained staff may administer the medication under the provisions of the "Good Samaritan" law.

Students may possess (carry) and use an inhaler or epinephrine auto-injector (e.g., EpiPen®) with the written approval of the student's physician and parent or guardian. In addition, older and responsible students may also possess and self-administer their own prescription drugs and nonprescription medications at school, provided that the student does so in compliance with relevant District policies and procedures.

No District policy or procedure shall be interpreted to limit or detract from the immunities and other limitations on liability available under the law to nurses and other persons who engage in or assist with the administration of medication to students.

Definitions

Parent - means a parent (includes under some circumstances under delegation of power by parent to individuals authorized under Wis. Stats. 48.979), legal guardian or an adult pupil.

School personnel - includes school administrators, secretaries, and administrative designee. Teachers are included as personnel authorized to administer medications for off-campus school activities or in emergency situations.

Prescribed medications - includes medications prescribed by a primary care provider and not available without a prescription.

Distribution and Liability Waiver

All school employees or volunteers who are trained and authorized to administer drugs to a pupil shall receive a copy of this policy and shall be advised that, pursuant to the provisions in Section 118.29, Wisconsin Statutes, they are immune from civil liability for any acts or omissions in administering a drug or prescription drug to a pupil in accordance with this policy unless the act or omission constitutes a high degree of negligence. This does not apply to healthcare professionals' statutory protections.

Authorization for School Personnel to Administer Medication to Students

- A. The District Administrator and/or his/her designee shall designate, in writing, the names of appropriate school personnel (including employees, registered nurses serving the district, volunteers and/or licensed school bus drivers) who will have the authority to administer medications to students in a manner consistent with all relevant policies and procedures.
1. The District Administrator may make a general designation of authority (1) for any registered nurse serving the District to administer any medication by any means permitted within the scope of the individual's nursing license; and (2) for other school personnel to administer medication via ingestion, eye drops, ear drops, topical application, an inhaler, and/or an epinephrine auto-injector, provided that the individual has completed any applicable state-mandated training. Nothing in this paragraph prevents, in certain cases, the District Administrator, a principal or registered nurse serving the schools from expressly limiting the personnel who will have authority to administer particular medication to a particular student.
 2. In the event any school personnel other than a registered nurse will be asked to administer other medication to students not covered by a general designation under the previous paragraph, the District Administrator shall make case-by-case determinations of the school personnel who will have the authority to administer such medications, and ensure that such personnel have completed all state-mandated and District-required training. A registered nurse serving the school or other health care professional shall assist the District Administrator in ensuring that such personnel receive any additional instruction, support and supervision as may be appropriate.
 3. No school personnel, other than a health care professional, shall be involuntarily required to administer medication to students by any means other than ingestion. However, a registered nurse serving the school must decline to perform any medical act or service which the nurse is not competent to perform due to lack of education, training or experience.
 4. If a student requires assistance from school personnel in the administration of any medication or through any means that constitutes the delegation of a nursing act, or any other specialized health care services that constitutes the delegation of a nursing act, it shall be the responsibility of a registered nurse serving the school to: (1) delegate such tasks to appropriate school personnel, with proper authorization from the District Administrator; and (2) ensure that school personnel engaging in such activities receive appropriate training, instruction and supervision.
 5. All school personnel authorized to administer medication to students shall receive a copy of the District's administering medication to student policy and a copy of these procedures.
- B. Students requiring medication to be administered by school personnel shall be identified by their parents or guardians to the District Administrator as more thoroughly detailed below.

Prescribed Medications

Prescribed medications may be administered with written consent by trained authorized school personnel only if all of the following procedures are met. Prescribed medications shall be provided by the parent and must be clearly labeled.

A. Written Authorization

No prescription medication shall be given to a student by school personnel unless the following are delivered to the District Administrator or his/her designee responsible for administering the medication. This includes signed, written instructions from a practitioner for the administration of the prescribed medication. A practitioner may be an optometrist, physician assistant and advanced practice nurse prescriber, in addition to physician, dentist, and podiatrist. Said instructions must specify:

1. Name of student
2. Name of the medicine
3. The prescribed dosage
4. The frequency and route of medication administration
5. The conditions and circumstances requiring the administration of the medication when applicable
6. Name and phone number of practitioner
7. The timeframe in which the medication is to be administered
8. The length of time for which the medication is ordered

The required information may be provided on a “Medication Administration Authorization Form” and must also have the signature of the parent, guardian, or adult pupil.

B. Supply of Prescription Medication Requirements

Prescription medication to be administered at school must be supplied in the original pharmacy packaging and have the following information printed on the container in language understandable to the layperson:

1. Child's full name
2. Name of drug, dosage and route of administration
3. Frequency of administration
4. Practitioner's name and phone number
5. Length of time the medication is to be administered
6. Instructions pertinent to the administration of medication

Where applicable or where requested by school personnel, such instructions may also include relevant precautions, information about possible reactions and/or interventions, and the circumstances under which the health care practitioner should be contacted.

If the prescription medication is required to be injected into the student, inhaled by the student, rectally administered to the student, or administered into a nasogastric tube, a gastrostomy tube or a jejunostomy tube, the school personnel designated to administer the medication to the student has completed all state-mandated and District-required training required for administering medication through that particular means prior to administering the medication to the student. Such additional training is not required for health care professionals (e.g., registered nurses).

Non-Prescription (Over-the-Counter) Medications

Non-prescription medications may be administered with consent by authorized school personnel only if all of the following procedures are met. Non-prescription medications provided by the parent must be clearly labeled.

A. Written Authorization

Non-prescription or over-the-counter medications can only be administered by school personnel with expressed written approval from the parent. Telephone requests from parents to provide medication, without written instruction, will not be accepted. Written instructions signed by the parent shall include:

1. Name of student
2. Name of medication
3. The prescribed dosage
4. The frequency and route of administration
5. The conditions and circumstances requiring the administration of the medication when applicable

The required information may be provided on a “Medication Administration Authorization” form.

B. Supply of Non-Prescription or Over-the-Counter Medication Requirements

If the non-prescription medication shall be provided by the parent, guardian, or adult pupil, it must be supplied in the original manufacturer's package and must list the ingredients and recommended therapeutic dosage. Medications should be supplied in limited quantity. School personnel may administer nonprescription medication to a student in a dosage other than the recommended therapeutic dose only if the request to do so is accompanied by the written approval of the student's health care practitioner.

If the nonprescription medication is required to be injected into the student, inhaled by the student, rectally administered to the student, or administered into a nasogastric tube, a gastrostomy tube or a jejunostomy tube, the school personnel designated to administer the nonprescription medication to the student has completed any District or State mandated training that is required for administering medication through that particular means prior to administering the medication to the student. Such training is not required for health care professionals (e.g., registered nurses).

Student Possession and Use of Medications

Responsible students, as determined by the agreement of the parent or guardian and District Administrator, and in consultation with the physician, may be permitted to possess and self-administer certain medications in compliance with the policies below. However, due to the possibility of loss, theft, or misuse of medication, it is recommended that a supply of emergency medications be stored in the school health room.

A. Possession and Use of Inhalers

While in school, at a school-sponsored activity or under the supervision of a school authority, an asthmatic pupil may possess and use a metered dose inhaler or dry powder inhaler if all of the following are true:

1. The pupil uses the inhaler before exercise to prevent the onset of asthmatic symptoms or uses the inhaler to alleviate asthmatic symptoms.
2. The pupil has the written approval of the pupil's physician and, if the pupil is a minor, the written approval of the pupil's parent or guardian.
3. The pupil has provided the District Administrator or his/her designee with a copy of the approval(s).
4. Written approval(s) are on file in the school records.

B. Possession and Use of Epinephrine

While in school, at a school-sponsored activity or under the supervision of a school authority, a pupil may possess and use an epinephrine auto-injector if all the following are true:

1. The pupil uses the epinephrine auto-injector to prevent the onset or alleviate the symptoms of an emergency situation.
2. The pupil has the written approval of the pupil's physician and, if the pupil is a minor, the written approval of the pupil's parent or guardian.
3. The pupil has provided the District Administrator or his/her designee with a copy of the approval(s).
4. Written approval(s) are on file in the school records.

When providing the required approvals to the District Administrator and/or his/her designee for students to possess and use their inhalers or epinephrine auto-injectors, parents and guardians and physicians should consider the student's knowledge of his/her medication and his/her ability to use the inhaler or epinephrine independently. If the physician or parent or guardian determines that it is appropriate to have assistance from school personnel in administering the inhaler or epinephrine auto-injector medication to the student in any emergency or non-emergency situations, the medication must be administered in accordance with procedures outlined above for the administration of prescription medication.

Responsible students, as determined by the agreement of the parent or guardian and District Administrator and in consultation with a nurse serving the school as needed, may be permitted to possess and self-administer medications other than asthma inhalers and epinephrine auto-injectors without first obtaining written practitioner approval for such self-administration. The following factors, among others, will be considered in determining whether a student will be granted this permission:

- a. The type of medication;
- b. The reason for medication;
- c. The age of the student; and
- d. The responsibility of the student, including but not limited to compliance with all dosage and administration instructions provided by the manufacturer and/or the student's practitioner, compliance with all school rules and regulations relating to the presence of drugs in the schools, and the student's ability to provide for the safe and appropriate storage of the medication.

Although exceptions may be considered, this section regarding permission for self-administration of medication is intended to apply primarily to such requests by high school students. For students under the age of 18, a parent or guardian will provide the District with a signed, written statement of consent for self-administration by the student that identifies the name of the medication.

Any permission granted under this section may be revoked by the District, or withdrawn by the parent or guardian, at any time.

Liability

Neither the school and/or any school employees shall be civilly liable for an injury incurred by any of the following:

- A. A pupil as a result of using an epinephrine auto-injector.
- B. Any person as a result of a pupil possessing or using an epinephrine auto-injector.

Storage of Medications and Disposal of Medication

A. Only limited quantities of any medication are to be kept at school. Said medications are to be kept in a safe place not accessible to students, and checked out only by school personnel designated to administer the medication. Once all medications have been administered in accordance with the instructions and consent forms, the appropriate school personnel shall contact the parent and provide the opportunity for them to pick up the medication by a specific date or the medication will be destroyed.

B. For field trips and other co-curricular or extracurricular activities held off school premises, student medication will be stored in a secure location determined appropriate by the activity supervisor, keeping in mind the manufacturer's or health care practitioner's storage instructions.

C. Parents and guardians will be asked to pick up any unused portions of prescription and nonprescription medications on or before the last day of school or when the student's medications have been discontinued. Unused medications will not be sent home with students.

D. Student medications that have reached their expiration date and medications that have not been picked up by the student's parent or guardian will be disposed of in a safe and proper manner in accordance with [DPI's Guidelines for Disposal of Medications in the Schools](#).

Updating/Changes in Medication

All consent forms must be renewed each school year or at any time medication is changed. Any change in dosage, time of administration or continuance of administration must be in writing. It is the responsibility of the parent, or guardian to ensure the aforementioned. Also, it is the responsibility of the parent, or guardian to ensure compliance with medication expiration.

Medication Records Required

The District Administrator is responsible for maintaining written records of the school personnel who have been authorized to administer medication to students and of documentation of staff completion of all required training courses (including the dates on which such training occurred). Accurate and confidential written records shall be established and maintained for each pupil receiving medication.

- A. Upon receipt of a student's medication at the school, school personnel will document the date of receipt, the type of medication, and verify the amount of medication supplied to the school. The person receiving the medication shall ensure that the student's name is affixed to the package of any nonprescription drug product.
- B. Copies of completed consent forms are to be maintained in the Health Room. The written consents and instructions from the student's parent or guardian and from the health care practitioner, the medication supply receipt documentation, and the staff training documentation required above will be kept on file in the school. The registered nurse serving the school will review the medication administration instructions received from the health care practitioner and/or parent or guardian prior to school personnel administering medications to help ensure the safety of students. In addition, a registered nurse serving the school will review the written instructions from the student's parent or guardian annually or more often if changes in medication dosage occur.
- C. A record of pupils requiring medication during school hours is maintained on the Medication Administration Authorization Form. The record shall include the pupil's name, type of medication, dosage, route, time to be given, condition under which medication should be given, the length of time for which the order is authorized, and parent's name and signature. Practitioner's name, phone number, signature, and date signed shall also be required for prescription medications.
- D. A record of the administration of all medications given shall be recorded on the administration log by the authorized school personnel providing the medication. The record shall include the pupil's name, type of medication, dosage, time administered, and the name of the individual who administered the medication. If the medication is not administered to the student as scheduled, the reason shall be noted on the log (e.g., student was absent from school, the student refused to take the medication, lack of supply of the medication from the student's parent or guardian).
- E. Upon receipt of a student's medication at the school, school personnel will document the date of receipt, the type of medication, and verify the amount of any controlled medication supplied to the school. The person receiving the medication shall ensure that the student's name is affixed to the package of any nonprescription drug product.

The District Administrator or his/her designee will review the medication administration instructions received from the health care practitioner and/or parent or guardian prior to school personnel administering medications to help ensure the safety of students.

DISPENSING MEDICATIONS

4001.4

Page 7

The District Administrator is responsible for maintaining written records of the school personnel who have been authorized to administer medication to students and of documentation of staff completion of all required training courses (including the dates on which such training occurred).

The above documentation should occur immediately after the medication is administered to the student to assure accuracy and safety.

Medication Errors In the event of a medication error, the following shall occur immediately:

- A. Monitor the student.
- B. Notify the District Administrator or his/her designee, parent, and practitioner (if applicable)
- C. Document the error on the administration log.
- D. An incident report should be completed and submitted to the District Administrator or his/her designee.

A medication error is defined as medication administration that deviates from the instructions of the medical provider and/or parent. Any combination of the following is defined as a medical error: wrong patient, wrong medication, wrong dosage, wrong route of administration, or wrong time given.

School personnel shall maintain the confidentiality of student health and medication administration-related records in accordance with applicable state and federal laws and regulations and the District's student records policy and procedures.

Legal References:

Wisconsin Statutes

Section 118.125	[maintenance and confidentiality of student records]
Section 118.29	[administration of drugs to students by school personnel and emergency care; policies and procedures required]
Section 118.291	[student possession and use of inhalers]
Section 118.292	[student possession and use of epinephrine auto-injectors]
Section 118.2925	[life-threatening allergies in schools; allergy management plan and use of epinephrine auto-injectors]
Section 121.02(1)(g)	[school district standard; provision of emergency nursing services]
Section 146.82	[confidentiality of patient health care records]
Section 146.83	[access to patient health care records]

Wisconsin Administrative Code

N 6.03(3)	[supervision and delegation of nursing acts]
PI 8.01(2)(g)2	[required emergency nursing services policies, including protocols for administering medication]

Family Educational Rights and Privacy Act
Individual with Disabilities in Education Act

NORTH LAKE SCHOOL
MEDICATION ADMINISTRATION AUTHORIZATION FORM

*This form pertains to Physician/Practitioner prescribed medication **and** over-the-counter medications.*

Box 1 – Practitioner Prescribed Medication - Your Practitioner needs to fill out the top portion and the info in Box 1 with any prescribed medications that may be administered during the school day/activities. He/She needs to sign and date the bottom in the Prescribed Medication Section. (Please note – EPIPEN and INSULIN require an additional form).

Box 2 – Over the Counter – Parents need to fill out the top portion and the information in Box 2 for administration of all over-the-counter medications. Non-prescription medication will only be administered in accordance with product instructions. If the student requires dosing different than manufacturer’s instructions, a practitioner order AND signature is required. Remember to include **all** of the information: Route (oral, inhalation, topical, etc.), Dose (mg, ml), Frequency (as needed, every 4-6 hours, etc.), Duration (indicate dates). If it is not filled out completely, meds cannot be given (according to WI state statutes). Parents need to sign the form if **any** of this section is filled out, acknowledging accuracy and releasing North Lake School from any liability, and give consent for school to contact Practitioner if need arises. One form needs to be filled out for **each** student at North Lake School.

Please administer the following medication(s) to:

Name of Student	DOB	Height	Weight	Grade
Diagnosis(s)	Allergies			

Current medication taken at home:

BOX 1 - PRACTITIONER PRESCRIBED MEDICATION:				Duration	Direct contact shall be made with MD/NP should the student receiving the medication develop any of the following conditions or reactions to the medication (if none, so state)
<input type="checkbox"/> Please check box if student may self-carry inhaler. <input type="checkbox"/> Please check box if student may self-carry epi-pen. (If self-carrying, we still need an epi-pen in health room.)					
Name of Medication	Route	Dose	Frequency	From:	To:
				From:	
				From:	
				From:	
Hospital/Clinic/Office				Phone Number:	
Address Street, City, State, Zip				Fax Number:	
Physician’s Signature (required for MD/NP prescribed medicine)				Date:	

BOX 2 - OVER-THE COUNTER/AS NEEDED MEDICATION:				Duration	Condition under which medication should be given (i.e. pain, cough)
Name of Medication	Route	Dose	Frequency		
				From:	
				From:	
				From:	

★ When administering: Please call before/after (circle one) Email Send note home Text Message – Phone # & Provider

Additional Information/Instructions

Parent’s Signature	Date:
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Guardian, please **check one** of the following statements:

- Authorized school personnel have my permission to administer the prescription and/or non-prescription medication(s) to my child as described above.
- My child has my permission to carry and self-administer the above prescription and/or non-prescription medication(s).

I AGREE TO HOLD THE NORTH LAKE SCHOOL DISTRICT, ITS EMPLOYEES AND AGENTS WHO ARE ACTING WITHIN THE SCOPE OF THEIR DUTIES HARMLESS IN ANY AND ALL CLAIMS ARISING FROM THE ADMINISTRATION OF MEDICATION AS DESCRIBED ABOVE AT SCHOOL. I HEREBY GIVE PERMISSION TO THE SCHOOL NURSE TO CONTACT THE PHYSICIAN AS NEEDED.

I UNDERSTAND THAT FOR SAFETY REASONS, ALL MEDICATION (PRESCRIPTION OR NON-PRESCRIPTION) HAS TO BE IN THE ORIGINAL CONTAINER. I FURTHER UNDERSTAND IT IS MY RESPONSIBILITY TO INFORM THE SCHOOL NURSE OF ANY CHANGES TO MY CHILD'S MEDICATIONS.

Guardian Signature: _____ Date: _____

School Nurse Approval: _____ Date: _____

*This form is only valid for the current school year in which date signed falls within. Questions? 262-966-2033