

PLEASE NOTE: The Cloverleaf Board of Education's adopted policy regarding Administering Medicines to Students (Policy JHCD) is available on the Cloverleaf Web Site, or you can request a printed copy of that policy from your school office.

File: JHCD-R

ADMINISTERING MEDICINES TO STUDENTS

Students needing medication are encouraged to receive the medication at home, if possible.

1. The person or persons designated to administer medication receives a written request, signed by the parent(s) having care or charge of the student, that the drug be administered to the student.
2. Each person designated to administer medication receives a statement, signed by the physician or other person licensed to prescribe medication, which includes all of the following information.
 - A. the name and address of the student
 - B. the school and class in which the student is enrolled
 - C. the name of the drug and the dosage to be administered
 - D. the times or intervals at which each dosage of the drug is to be administered
 - E. the date on which the administration of the drug is to begin
 - F. the date on which the administration of the drug is to cease
 - G. any severe adverse reactions which should be reported to the physician and one or more telephone numbers at which the person who prescribed the medication can be reached in case of an emergency
 - H. special instructions for administration of the drug, including sterile conditions and storage
3. The parent(s) agree to submit a revised statement signed by the physician who prescribed the drug to the person designated to administer medication if any of the information provided by the person licensed to prescribe medication as described above changes.
4. The person authorized to administer the drug receives a copy of the statement described above.
5. The drug is received by the person authorized to administer the drug to the student for whom the drug is prescribed in the container in which it was dispensed by the prescribing physician or other licensed professional.

The person designated by the Board establishes a location in each school building for the storage of drugs to be administered. All such drugs shall be stored in that location in a locked storage place. Drugs which require refrigeration may be kept in a refrigerator in a place not commonly used by students.

No person who has been authorized by the Board to administer a drug and has a copy of the most recent statement which was given to him/her prior to administering the drug is liable for administering or failing to administer the drug, unless such person acts in a manner which constitutes "gross negligence or wanton or reckless misconduct."

A person employed by the Board is not required to administer a prescribed drug to a student unless a Board regulation establishes a requirement; furthermore, the Board shall not require an employee to administer a drug to a student if the employee objects, on the basis of religious convictions, to administering the drug.

Board policy and regulations regarding dispensation of medication must be formally adopted by the Board and may be changed, modified or revised only by action of the Board.

Inhalers

In order for a student to possess and use an inhaler he/she must have written approval from the student's physician and parent or other caretaker. The principal and/or the school nurse must have received copies of these required written approvals.

The physician's written approval must specify the minimum following information:

1. the student's name and address;
2. the name of the medication contained in the inhaler;
3. the date the administration of the medication is to begin;
4. the date, if known, that the administration of the medication is to cease;
5. written instructions which outline the procedures school personnel should follow in the event that the asthma medication does not produce the expected relief from the student's asthma attack;
6. any severe adverse reactions that may occur to the student using the inhaler that should be reported to the physician;
7. any severe reactions that may occur to another student for whom the inhaler is not prescribed, should he/she receive a dose of the medication;
8. at least one emergency telephone number for contacting the physician;
9. at least one emergency telephone number for contacting the parent, guardian or other person having care or charge of the student in an emergency and
10. any other special instructions from the physician.

In no circumstances will the District, any member of the Board or any Board employee be liable for injury, death or loss of person or property when a District employee prohibits a student from using an inhaler because the employee believes, in good faith, that the required written approvals have not been received by the principal. Additionally, liability cannot accrue because the employee permits the use of an inhaler when the employee believes in good faith that the written approval(s) have been received by the appropriate authority.

(Approval date: April 20, 1999)

(Re-approval date: November 2, 1999)

(Re-approval date: August 21, 2001)

CLOVERLEAF LOCAL SCHOOL DISTRICT

PARENT RELEASE FORM FOR ADMINISTRATION OF MEDICATION AT SCHOOL

To _____ School
(Principal's Name) (School Name)

For _____ Grade _____
(Student's Name)

We (I), the undersigned, who are the parent(s), foster parent(s), guardian(s), (*cross out those not applicable*) of _____, request that oral medication or inhaler be administered to our child in accordance with the instructions of our physician, Dr._____. We (I) understand that the administration of said medication is to be done under the supervision of a member of the school staff.

Further, we (I) understand that the school personnel are not legally obligated to administer medication to any child, and, therefore, we (I) agree to hold the school district and its employees free from any and all responsibility for the results of such medication or the manner in which it is administered and to indemnify each of them against loss by reason of any civil judgment arising out of these arrangements which may be rendered against them.

Further, we (I) will notify the school immediately if we change physicians or medication or terminate the use of this medication for any reason.

*Signature of Father _____

*Signature of Mother _____

Address of parents _____
(street/road) (post office) (zip)

Home Phone _____ Business Phone _____

Date of signature(s) _____

(Oral medication refers to medication in pill form only. Liquid medication that must be measured cannot be administered. Also, the schools will not assume the responsibility for administering injections, applying ointments, or changing dressings.

*Both parents must sign this release if they are living with or have custody of child. If parents are separated and both still retain legal custody, both parents must sign. If children are in foster home and placement is by agency that holds custody, agency must sign.

CLOVERLEAF LOCAL SCHOOL DISTRICT
PHYSICIAN'S REQUEST FOR ADMINISTRATION OF MEDICATION AT SCHOOL

To _____ School Personnel
 (Name of School)

It is requested that the medication, as indicated below, be administered by school personnel. This medication for the student listed below may be necessary during school hours and it is understood that the administration of such medication may be provided by medically untrained personnel.

Name of student _____

Address of student _____
 (street) (post office) (zip)

Medication to be administered (name and dosage): _____

Instructions/conditions for administration and/or self-administration: _____

Has the student demonstrated competence to carry and self-administer this medication? _____

Possible reactions that, if they occur, should be reported to the physician: _____

Procedure to follow in the event that the medication does not produce expected relief:

Procedure to follow in the event that the medication is used by a student for whom it has not been prescribed: _____

Medication to start _____ and to continue until _____.
 (date) (date)

Date of this request _____.

Physician's signature _____

Physician's address _____
 (street) (post office) (zip)

Physician's telephone number _____

To be completed by school:

Person(s) authorized to administer medication for this student (principal should list name(s):

Nurse's signature _____ Date _____

Principal's signature _____ Date _____