
STUDENT MEDICATION POLICY

Wadsworth City Schools

330/336-3571
fax 330/335-1313

Dear Parents:

Many of our students are under a physician's care and must take prescribed medication during the school day. Other children experience less serious problems which cause their parents to send over-the-counter medications to school.

Our personnel wish to cooperate with you so that your children recover from the condition requiring the medication and are comfortable in their learning environment. We also wish to take precautions to ensure the safe administration of these medications.

The Wadsworth Board of Education has a policy which governs the administration of both prescribed and over-the-counter medications. This pamphlet includes a copy of that policy and the forms you will need to complete should you wish to have your child take medication while at school.

Please read this information so that we can cooperate with one another to improve your child's health. If you have any questions, please call your child's principal.

Sincerely,

Dale Fortner
Superintendent

SCHOOL BOARD POLICY

POLICY FILE: JHCD, ADMINISTERING MEDICATION TO STUDENTS

DISPENSING MEDICINES

The Board shall not be responsible for the diagnosis and treatment of student illness. The administration of all medication should be by the parent or guardian at home. If this is not possible, the parent or guardian should come to school to administer the medication(s).

The administration of medication(s) by school personnel will be permitted only when circumstances make it impossible for the parent to administer the medicine, and the student would not be able to attend school if the medicine were not made available during school hours.

For the purpose of this policy "medication" shall include all prescription and over-the-counter medicines with the following exceptions:

1. Liquid medication that must be measured;
2. Medication that must be administered by injection* **;
3. Ear, nose, and/or eye drops;
4. Also, the school will not apply ointments or change dressings.

The administration of any medicine without the order of a prescriber and/or the permission of the parent or guardian could be interpreted as practicing medicine and is prohibited by law unless the following criteria are met:

1. The principal or designee receives a written request signed by a parent or guardian for the administration of over-the-counter medicines.
2. The principal or designee receives a statement signed by the prescriber that includes the following information:
 - The name and address of the student;
 - The school and class of the student;
 - The name, dosage and time the drug is to be administered;
 - The dates when the administration should begin and end;
 - Any severe reactions that should be reported to the prescriber; and,
 - The prescriber's phone number and special instructions for administering the drug.

Additional prescriber's statements for those students self-administering asthma inhalants:

- Written instructions outlining procedures school personnel should follow in the event that asthma medication does not produce the expected relief from the student's asthma attack; and,
 - Any severe reactions that may occur to another student, for whom the inhaler is not prescribed, should he or she receive a dose of the medication.
3. All medicines will be brought to the school by parent or guardian and shall be picked up at the end of the prescribed period.
 4. The parent or guardian agrees to submit a revised statement signed by the prescriber if any of the information originally provided by the prescriber changes.
 5. The drug must be received by the principal or designee in the container in which it was dispensed by the prescriber or licensed pharmacist.
 6. The principal or designee must store the medicines in a locked storage place, unless refrigeration is required, then it must be stored in a refrigerator not commonly used by students.
 7. No principal or designee would be liable for civil damages for administering or failure to administer the drug unless he/she acted in a manner that would constitute "gross" negligence or wanton reckless misconduct.
 8. The documents will be kept on file in the office of the principal.
 9. When permission is received by the principal stating that the student is mature enough to administer his own medication, the principal need only be concerned about written release and storage.

Exception: All dental disease prevention programs, sponsored the Ohio Department of Health and administered by school employees, parents, volunteers, employees of local health districts, or employees of the Ohio Department of Health, which utilize prescription drugs for the prevention of dental disease and which are conducted in accordance with the rules and regulations of the Ohio Department of Health are exempt from all requirements of this policy.

***Bee Stings:** In the case of students with severe allergies to bee stings, the principal and/or designee shall be permitted to administer the Epi-pen epinephrine auto injector in accordance with regulation JHCD-R.

****Insulin:** Trained school personnel may administer insulin with specific written directions from a prescriber if there is no medically-approved alternative for controlling the child's diabetes.

WADSWORTH CITY SCHOOLS PRESCRIBED MEDICATION FORM

PRESCRIBER'S REQUEST FOR THE ADMINISTRATION OF ORAL * MEDICATION DURING BAND TRIPS

Since medication for the student listed below cannot be scheduled for other than school events and the administration of such medication may be supervised by medically untrained personnel, it is requested that the oral medication as indicated below be administered by school approved personnel.

Name of Student _____ School _____ Class _____
Address of Student _____ Date of birth _____

Medication to be Administered:

Name _____ Dose _____ Frequency _____

Reason medication is to be administered: _____

Special Instructions (administration, storage, etc.) _____

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

Name _____ Dose _____ Frequency _____

Reason medication is to be administered: _____

Special Instructions (administration, storage, etc.) _____

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

PARENT RELEASE FORM FOR THE ADMINISTRATION OF ORAL * MEDICATION AT SCHOOL

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

For: _____
(Student's Name) (Grade) (Teacher's Name)

I, the parent/guardian request that oral medication be administered to my child in accordance with the instructions of our prescriber, _____. I understand that the administration of said medication is to be done under the supervision of a member of the school staff.

Further, I understand that the school personnel are not legally obligated to administer oral medication to any child and, therefore, 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.

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

Signature of Parent/Guardian** _____ Date _____

Home Telephone Number _____ Business Telephone Number _____

*Oral medication refers to medication in pill form only. Liquid medication that must be measured cannot be administered. Under unique circumstances, pre-measured liquid medication may be administered. This will be determined by the principal and/or school nurse on a case-by-case basis. Also, the schools will not assume the responsibility for administering injections other than Epi-pen, applying ointments, or changing dressings, or administering eye, nose, and/or ear drops.

**If the child is in a foster home and placement is by an agency which holds custody, an authorized representative of the agency must sign this form.

