

Band

Centerville City Schools
Department of Student Services
111 Virginia Avenue
Centerville, OH 45458

Rules for the Administration of Medications to Students
Prescription and Non-Prescription

Centerville City Schools and Ohio Revised Code requires students taking medications during school hours or during approved district-sponsored trips/activities (before or after regular school hours, weekends, holidays, and over-night trips/activities) to have written permission from the parent and a licensed health professional authorized to prescribe drugs. Board of Education Policy defines medication as all medicines, including those prescribed by a licensed health professional authorized to prescribe drugs and any non-prescribed (over-the-counter) drugs, preparations, and/or remedies.

Specific medications (**Epi-Pen, Benadryl, Insulin, Diabetic supplies and multi-dose inhalers**) may be carried and self-administered by the student upon receipt of written authorization from the parent and licensed health professional.

- For **Epi-Pens**, the **Emergency Allergy Plan/Epinephrine Administration Authorization Form** must be completed.
- The **Authorization for Administration of Inhaled Asthma Medication** must be completed for multi-dose inhalers.
- All other medications, including over the counter medications, require the **Permission to Dispense Medication Form** signed by parent and licensed health professional.

To help us keep your children safe, please keep in mind the following guidelines and reminders:

- If at all possible, medications should be administered at home.
- The health clinic does not stock medications.
- Parents may come to the school and/or activity to administer medications to students, as needed.
- Medications must be brought directly to the school clinic by the parent.
- Students are not permitted to carry medications to and from school, except as stated above.
- **No medications will be accepted without the completed medication form signed by the parent and licensed health care professional.** Telephone requests or notes written by parents for administration of any medication will not be honored.
- A School Medication Form is valid for the school year only and, if necessary, renewed yearly.
- Only medication in its original container labeled with the date, if a prescription; the student's name; and exact dosage or in an insulin pump will be administered.
- Non-prescription medications must be brought in a new unopened container. For medications that are not daily medications and given on an "as needed" basis, please limit the size of the bottle to 30 pills.
- Administration of eye drops will be limited to chronic eye conditions. It is permissible for the student to self-administer eye drops for an acute condition (conjunctivitis) with the appropriate medication form.
- Rectal administration of medications will be limited to life threatening emergency intervention (Diastat).
- When medication has been discontinued, any remaining medication must be picked up by the parent within 2 weeks after discontinuation or it will be disposed of by school personnel. Parents must pick up medications within two weeks of the end of the school year or it will be disposed of by school personnel.
- Should you have any questions or concerns please contact your School Nurse.
- Board of Education Policy, Use of Medications, is printed on the back.

Board of Education Policy 5330-Use of Medications (approved September 17, 2010)

The Board of Education shall not be responsible for the diagnosis and treatment of student illness. The administration of prescribed medication and/or medically-prescribed treatments to a student during school hours will be permitted only when failure to do so would jeopardize the health of the student, the student would not be able to attend school if the medication or treatment were not made available during school hours, or if the child is disabled and requires medication to benefit from his/her educational program.

For purposes of this policy, "medication" shall include all medicines including those prescribed by a licensed health professional authorized to prescribe drugs and any non-prescribed (over-the-counter) drugs, preparations, and/or remedies. "Treatment" refers both to the manner in which a medication is administered and to health-care procedures which require special training, such as catheterization.

Before any medication (i.e., a drug) or treatment may be administered to any student during school hours, the Board shall require a written statement from a licensed health professional authorized to prescribe drugs ("prescriber") accompanied by the written authorization of the parent. These documents shall be kept on file in the office of the building principal or clinic, and made available to the individual(s) designated by this policy as authorized to administer medication or treatment. A copy of the parent's written request and authorization and the prescriber's written statement must be given, by the next school day following the District's receipt of the documents, to the individual(s) authorized to administer drugs to the student for whom the authorization and statement have been received. No student is allowed to provide or sell any type of over-the-counter medication to another student. Violations of this rule will be considered violations of Policy 5530 - Drug Prevention and of the Student Code of Conduct/Discipline Code.

Only medication in its original container labeled with the date, if a prescription; the student's name; and exact dosage or in an insulin pump will be administered. The Superintendent or designee shall determine a location in each building where the medications to be administered under this policy shall be stored, which shall be a locked storage place, unless the medications require refrigeration in which case they shall be stored in a refrigerator/locked ice chest in a place not commonly used by students.

In the case of approved district-sponsored trips/activities, authorized individual(s) in charge of the trip/activity shall be responsible for appropriate storage of medications, which shall be a locked storage place, unless the medications require refrigeration in which case they shall be stored in a refrigerator/locked ice chest in a place not commonly used by students.

However, students shall be permitted to carry and use, as necessary, an asthma inhaler and/or diabetes supplies to test and treat diabetes provided the student has prior written permission from his/her parent and physician and has submitted Authorization for the Possession and Use of Asthma Inhalers/Other Emergency Medication(s), to the principal and any school nurse assigned to the building.

Additionally, students shall be permitted to carry and use, as necessary, an epinephrine autoinjector to treat anaphylaxis, provided the student has prior written approval from the prescriber of the medication and his/her parent/guardian, if the student is a minor, and has submitted written approval to the principal and any school nurse assigned to the building. The parent/guardian or the student shall provide a back-up dose of the medication to the principal or school nurse. This permission shall extend to any activity, event, or program sponsored by the school or in which the school participates. In the event epinephrine is administered by the student or an authorized individual at school or at any of the covered events, a request for assistance will immediately be made to an emergency medical service provider (911).

The following individuals are designated as being authorized to administer medication and treatment to students: principal, teacher, school nurse, building secretary, aide, others as designated by student's IEP and/or 504 plan, approved coaches and activity sponsors, and approved volunteers.

No employee will be required to administer a drug to a student if the employee objects, on the basis of religious convictions, to administering the drug.

Additionally the Board shall permit the administration by authorized individuals of any medication requiring intravenous or intramuscular injection or the insertion of a device into the body when both the medication and the procedure are prescribed by a licensed health professional authorized to prescribe drugs and the authorized individual(s) has completed any and all necessary training.

Students who may require administration of an emergency medication may have such medication in their possession upon written authorization of their parent(s) or, such medication, upon being identified as aforementioned, may be stored in the principal's office or clinic and administered in accord with this policy.

All dental disease prevention programs, sponsored by 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.

PERMIT FOR DISPENSING PRESCRIPTION/NON-PRESCRIPTION MEDICATIONS TO STUDENTS

(In accordance with ORC 3313.713)

Parent Request

Student Name: _____ Birthdate: _____
School: _____ Grade/Teacher: _____
Address: _____ Phone: _____
Home

As the Parent/Guardian of this student I am requesting that the following medication be given to this student, as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant. The administration of this prescribed medication may be administered by trained school staff. I have read and understand Centerville City Schools Medication Policy. I give permission for this information to be sent to the school district via facsimile.

Parent/Guardian name: _____ Date: _____
Parent/Guardian Signature: _____ Phone _____
Work/cell

Physician's Statement

It is requested that the medication named below be administered by school personnel. The administration of this medication for this student cannot be scheduled for other than school hours.

Name of Medication _____
One medication per form

Dose: _____ Time to be given at school: _____

Date administration is to: Begin: _____ End: _____
(end of school year unless otherwise noted)

Adverse reactions that should be reported to the physician:

For student for which it is prescribed: _____

For the student for which it is *not* prescribed who receives a dose: _____

Special instructions: _____

Physician's Name _____ Phone number: _____

Fax number: _____ Emergency number: _____

Physician's Signature: _____ Date: _____