

School Medication Policy

Administering Medications to Students

The purpose of this policy is to comply with North Carolina school health guidelines and best practice regarding medication given at school. School personnel should not administer medication to students unless appropriate administration cannot be reasonably accomplished outside of school hours. The parent/guardian shall be responsible for providing all medications to be administered.

Medications to be administered at school, both prescription and non-prescription, must be prescribed and authorized by a physician, nurse practitioner, physician assistant, or dentist on a Medication Administration Form. The form must also be signed by the student's parent/guardian. This form must be completed and turned in to the school nurse before any medication will be administered. All medications and forms will be reviewed by the school nurse prior to administration to a student. As an alternative, parents may choose to come and administer medications to their child.

Medications must be brought to the office by a parent/guardian, not the student. Each medication must be accompanied by a medication form signed by the prescribing health care provider and the parent. If the dosage is changed, a newly labeled container and an updated medication form must be provided. No medication will be given beyond the expiration date.

Controlled substance medications (such as ADHD or pain medications) will be counted by the office with the parent/guardian on receiving or pick-up of medications. The date, medication name, dosage and quantity will be logged and signed for by both the parent and the office on the Medication Administration Checklist.

When treatment has been completed or at the end of the school year, unused medication should be picked-up by the parent/guardian. At the end of the school year, all expired and unclaimed medications will be disposed of by the school office after a reasonable amount of time has been allowed for pick-up.

No student may carry medications or self-medicate except for students with diabetes or students who require rescue medications such as epinephrine auto-injectors (epi-pens) and inhalers for asthma. Completed Medication Administration forms must be on file. Students with diabetes may self-administer insulin and carry glucagon, if deemed appropriate by their healthcare provider <u>and</u> the school office. Rescue inhalers may also be self-administered if deemed appropriate by their healthcare provider and the school office. Self-medication privileges may be revoked if the student exhibits a lack of responsible behavior.

<u>Prescription</u> medications must be provided in a current pharmacy-labeled container. The label should state the student's name, name of medication, dosage, frequency and method of administration, and the name of the prescribing physician. (Parents may want to have the pharmacist label two containers; one for home use and one for school use if the child is to receive the medication at both sites.)

<u>Non-prescription</u> medication must be provided in an original labeled container. All medications will be administered according to manufacturer's recommendations on the label unless otherwise indicated by the healthcare provider on the Medication Administration form. The following over-the-counter medications can be stored in the Office: Acetaminophen (Tylenol), ibuprofen (Motrin or Advil), Diphenhydramine (Benadryl), Antacid (Tums or Mylanta) and cough drops/throat lozenges. A Medication Administration form must be completed in order to be given.

Administration of medication

Only HCA employees to whom such responsibility has been delegated by the school administration will administer medications.

The training of staff will include the following:

- The 5 "Rights" of medication administration: Right Child, Right Medication, Right Dosage, Right Time, Right Route
- Safe storage and handling of medication, including medication disposal
- Documentation of medication administration
- Appropriate action for medication error, adverse reaction, or student refusal

Teachers should coordinate with the school office to have a plan for teacher absence and medication administration of daily non-emergent medications.

Documentation

All administered student medications must be documented in the student information system and include the date, time, full student name, name and dosage of medication given, and initials of the person administering the medication. Logs will be kept with the medication and filed in the student's health record at the end of the school year. Medications given in the Office will be recorded in the electronic student medical record.

Medication Storage

Daily non-emergent medication will be kept in the Office or in a locked medication box/file cabinet in the classroom as deemed appropriate by the school nurse. The school administration and delegated teacher will be responsible for its supervision.

Emergency rescue medications for individual students, grade kindergarten through grade 6, such as epinephrine auto-injectors and inhalers, will be placed in the medication "go bag". Responsible students in grade 5 and above who have healthcare provider authorization and who demonstrate proficiency may self-carry emergency medications. A Medication Administration form and a Student Contract for Self-Carried Medication/Equipment must be on file with the school office.

Afterschool Care

Those students who attend the HCA Afterschool Program and require medication during afterschool times will follow the same procedures as outlined in this policy. If medication is needed, the afterschool director will administer the dose.

Off-Campus Trips

The Medication Administration form is the authorized form used for all on-campus and off-campus activities, including overnight trips. Specific advisors/chaperones on the trip will be identified to administer medications while students are off campus. The school administration will provide the appropriate completed medication administration forms to these individuals. No students on an off-campus trip will be allowed to self-carry any medications except in the case of rescue medications (epinephrine auto-injectors, inhalers and diabetic supplies). For medications normally taken at home outside of school hours, this may require advance planning to ensure necessary medication forms are completed.

When medications must be taken on overnight trips, the following safety measures should be taken:

- Send only essential medications on the trip.
- Send only the required amount of medication in a pharmacy labeled or over-the-counter labeled bottle.
- Identified advisors/chaperone accompanying the student will hold the medication and supervise the student taking the medication.

Questions related to this medication policy can be addressed by HCA's school administration at 919.732.0888.



Medication Administration Form

(Must be renewed every 6 months)

Must be completed and signed by physician/designee and parent for non-prescription and prescription medications.

No medications (non-prescription or prescription) will be administered by either school personnel or self (student) without the written authorization of a physician/designee and parent. Dosage and route for non-prescription medication will be administered according to manufacturer's recommendations on the label unless otherwise indicated by physician. Generic substitutions may be used for non-prescription medications listed. Submit a new form during the school year if there are changes or additions. This form is also the authorized form used for off-campus activities, including overnight trips.

TO BE COMPLETED	AND SIGNED BY PHYSI	CIAN/E	DESIGNEE AND PA	RENT/GUA	ARDIAN:	
Student name				_Grade	School Year	
Drug Allergies (if none, sta	ate none)					
NON-PRESCRIPTION	MEDICATIONS (Parent)	Provided	- Stored in Office):			
[] Tylenol [] Polysporin Ointment [] Ibuprofen [] Hydrocortisone Cream [] Benadryl [] Benadryl Cream			[] Tums [] Mylanta [] Diaper Rash Cream	[] Sunscreen		
Other Non-Prescription M	ledications to be held in clinic:	:				
PRESCRIPTION MED Please list any prescription medica	DICATIONS tions to be administered during the scho	ool day, incl	uding overnight field trips.			
J. I I						
Name of medication		Dosage	Route		Time	
Reason for medi-	cation					
Possible side effects:			Order in effect until (date):			
Name of medication		Dosage	Route		Time	
Reason for medication						
Possible side effects:						
1 Ossibie side effe				_ Order in en	teet until (date)	
Name of medication	·	Dosage	Route		Time	
Reason for medi-	cation					
Possible side effects:				Order in effect until (date):		
All other medications This student is both ca	tors, Inhalers for asthma, G must be administered by th apable and responsible for y this medication: NO	<i>e school</i> self-adm	nurse or designee. inistering this medica	ation: NO _	YES- Unsupervised	
Physician/Nurse Practitioner/Physician Asst./Dentist Signature:Date:						
Physician Address/Phone	Number:					
I request my child be administe	ered the prescription/non-prescripti	on medicat	ions as indicated in the phy.	sician's order al	pove.	
Parent/Guardian Signature:				Date:		
_	BY THE SCHOOL: Date F				e	

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