

HADDON TOWNSHIP BOARD OF EDUCATION

SCHOOL MEDICATION FORM (Rev. 1-11-19)

The administration of medication to or by any pupil will be permitted only when failure to take such medication would jeopardize the health of the pupil or the pupil would not be able to attend school if the medication were not made available. This includes over-the-counter medication.

PARENT/GUARDIAN CERTIFICATION (please print)

Student's Name _____ School _____

Parent/Guardian _____

Address _____ Telephone _____

I request that my child be permitted to take this medication for the 20__-20__ School Year.

For Auto-injectable epinephrine, inhalers & glucose testing (diabetic) supplies ONLY.

I am/am not (**circle one**) requesting that my child be permitted to self medicate.

I acknowledge that the Haddon Township Board of Education, its employees or agents, shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil, and/or the administration of a pre-filled single dose auto-injector mechanism containing epinephrine. I _____

I hereby agree to indemnify and hold harmless the Board of Education and its employees or agents against any and all claims arising out of the self-administration of medication by the pupil.

Parent/ Guardian Signature _____

Date _____

.....

(PHYSICIAN'S)HEALTH CARE PROVIDER'S CERTIFICATION (please print)

Diagnosis for which medication is to be given _____

Medication Name and _____

Dosage _____

Route of administration – (**circle one**): PO/SQ/IM/IV/Rectal (PR)/Topical/Respiratory

Time medication is to be given at school _____

If given PRN, describe indications _____

How soon can it be repeated? _____ Length of time treatment will continue _____

_____ can/cannot (**circle one**) self medicate auto-injectable epinephrine, inhaler, or diabetic supplies. He/she is/is not (**circle one**) capable and trained; and is/is not (**circle one**) proficient in proper self-administration of the prescribed medication. (**This must be completed in order for the student to carry their auto-injectable epinephrine, inhaler, or supplies in school.**)

**Please list any known drug/food or other allergies, i.e. insects, OTC drugs, etc.:* _____

Physician Signature _____

Date _____

Physician stamp below including office address and phone number

--

HADDON TOWNSHIP BOARD OF EDUCATION

Procedure for Policy #5330 Administration of Medication

No student shall carry any medication, whether prescription or over-the-counter except for those students who have School Medication Forms completed by their health care provider. Self-Administration privileges only apply to: auto-injectable epinephrine, single dose oral Benadryl for anaphylaxis use, inhalers for asthma, or glucose testing for diabetics. Absolutely no other medication may be self administered and should not be brought to school.

In order to effectively implement the Board's policy on medication, the following procedure shall be followed:

- A. All medication(s) shall be brought to school in their original container by the parent/guardian or adult pupil and shall be picked up at the end of the school year or when medication is discontinued. Unused medication that is left in the school nurse's office at the end of the school year will be discarded unless the parent/guardian has made alternate arrangements with the certified school nurses.
 1. The School Medication Form shall be completed by the parent/guardian and health care provider and remain on file in the school nurse's office. The student must come to the school nurse's office to take medication unless he/she is medically approved to: self-administer auto-injectable epinephrine, single dose oral Benadryl for anaphylaxis use, inhaler for asthma, or glucose testing for diabetics.
- B. The certified school nurse shall maintain a medication record, including the name of the pupil to whom medication shall be administered, the diagnosis for which the medication is prescribed, the prescribing health care professional, the dosage, timing, and route of administration, and a notation of each instance of administration.
 1. In order to ensure correct administration, medication must be given to the certified/substitute school nurse.
 2. Students may not carry medication at school unless it is auto-injectable epinephrine, single dose oral Benadryl for anaphylaxis use, inhalers for asthma, or diabetic supplies and the student is authorized by the health care provider and parent/guardian and approved by the certified school nurse or substitute school nurse.
 3. All students who take medication at school must do so in the presence of the certified/substitute school nurse or delegate in the case of auto-injectable epinephrine unless they have medical permission to self medicate (auto-injectable epinephrine, single-dose oral Benadryl for anaphylaxis use, inhalers for asthma, or glucose testing for diabetics).
- C. Medications shall be securely locked in medicine cabinet and kept in the original appropriately labeled container. Auto-injectable epinephrine will be stored as per Chapter 18A:40-12.3-12.6
- D. All medications, whether prescription or over-the-counter, shall be administered by:
 1. The certified school nurse or substitute school nurse
 2. The parent or guardian
 3. The pupil where they have medical permission to self medicate auto-injectable epinephrine, single dose oral Benadryl for anaphylaxis use, inhalers for asthma, and glucose testing for diabetics.
 4. The school physician.
- E. Normally, all medication shall be administered by the certified/substitute school nurse. The self-administration of medication by a student will be permitted only when failure to take such medicine would jeopardize the health of the pupil. Attachment A (School Medication Form) will be used.
 1. The student must report to the certified/substitute school nurse with medication, completed School Medication Form, and must demonstrate that he/she has proper knowledge and ability in the use of the prescribed medication.
 - a. Self medication privileges are revoked if the student does not follow their health care provider's instruction for that medication exactly as written, or fails to comply with school policy.
 - b. Students deemed responsible may only carry the following medically prescribed medication: auto-injectable epinephrine, single dose oral Benadryl for anaphylaxis use, inhalers for asthma and diabetic supplies.
 - c. The student must report to the certified/substitute school nurse daily and report the use of the self-administered medication.
 2. The Board of Education and its employees or agents shall incur no liability as a result of any injury arising from self-medication, or administration of epinephrine via a pre-filled auto-injector mechanism, or administration of glucagon via injection to a student with hypoglycemia.
 3. Permission to self medicate is effective for the school year for which it is granted only and must be renewed annually.