

Policy 3510: Student Medicines 

Status: ADOPTED

Original Adopted Date: 10/09/2017 | **Last Revised Date:** 08/14/2023 | **Last Reviewed Date:** 08/14/2023

This policy shall be reviewed annually by the Board of Trustees or their designee.

SECTION 1. ASSISTANCE IN SELF ADMINISTRATION OF MEDICINES TO STUDENTS

1.1 Any school employee authorized in writing by the school administrator or school principal:

1.1.1 May assist in the self-administration of any drug to a student provided:

- a. The student's parent/guardian has consented in writing; and
- b. The drug may lawfully be sold over the counter without a prescription.

Such administration must be as described in the written instructions provided in accordance with this policy.

1.1.2 May assist in the self-administration of a prescription drug to a pupil in compliance with the written instructions of a licensed health care practitioner, if the pupil's parent/guardian consents in writing.

SECTION 2. ADMINISTERING MEDICINES TO STUDENTS

2.1 No employee except a qualified health care professional or those to whom parents have delegated authority may administer a drug or prescription drug to a pupil under this policy except in an emergency situation.

2.2 The Caldwell School District Board of Trustees will permit the administration of medication to students in District schools. Pursuant to the written authorization of the student's licensed health care practitioner as well as the written authorization of a parent/guardian, the school health staff (who has received direction as to the administration of medication by the student's licensed health care practitioner) may administer medication to any student in the school.

2.3 Where administration of medication is a routine activity for a particular student, the subject shall be addressed in a student's health care plan, Section 504 Plan or IEP, as applicable.

2.4 Diagnosis and treatment of illness and the prescribing of drugs are never the responsibility of a school employee and should not be practiced by any school personnel.

2.5 The absence of a school health staff for the administration of medication shall be addressed on a case-by-case basis considering compliance with Idaho law and the medical needs of the student.

SECTION 3. EMERGENCY ADMINISTRATION OF MEDICINES

3.1 In case of an anaphylactic reaction or the risk of such reaction, or in the case of a seizure, a school health staff or delegate may administer medication to any student in need thereof on the school grounds, in the school building, or at a school function, according to the standing order of the chief medical advisor or the student's private physician. The Caldwell School District may have a supply of epinephrine at each building. However, if the individual has their own prescription for epinephrine, that medication will be used first.

3.2 In the absence of a school health staff, the administrator or designated staff member exempt from the nurse licensure requirements who has completed training in administration of medication with signed parent delegation, may give emergency medication to students. There must be on record a medically diagnosed allergic condition which would require prompt treatment to protect the student from serious harm or death.

3.3 Training on emergency administration of medication for the administrator or designated staff member, shall be done by the school's nurse or other licensed health care practitioner to assure such individuals have knowledge of how to administer emergency medication to students. Records shall be retained as to the individuals trained, the identification of the trainer and the date of training activities. Training does not imply authority of school nurse to delegate the administering of emergency medication(s). Written consent for delegation must be completed by parent.

3.4 Record of the medication administered in an emergency will be entered on an Individual Student Medication Record and filed in the student's cumulative health folder.

SECTION 4. SELF-MONITORING AND TREATMENT OF DIABETES

4.1 A student with diabetes, upon written request of the student's parent/guardian and written authorization from the student's treating physician, shall be permitted by the Board to perform blood glucose checks, administer insulin through the insulin delivery system the student uses, treat hypoglycemia and hyperglycemia, and otherwise attend to the care and management of the student's diabetes in the classroom and in any area of the school or school grounds, and to possess on the student's person at all times all necessary supplies and equipment to perform these monitoring and treatment functions.

SECTION 5. EPILEPSY AND SEIZURE DISORDER PLANS

5.1 Upon written request of the parent/guardian of a student who has epilepsy or another seizure disorder, the District shall authorize implementation of a plan—whether a Section 504 plan, Health or Emergency Care Plan, or Seizure Disorder Plan, as deemed appropriate for each individual student. The plan will include, but is not limited to the following:

1. Providing notice of the student's condition to all employees who interact with the student;
2. The student's symptoms;
3. Written orders from the student's physician on providing care to the student;
4. Whether the student may fully participate in exercise and sports and, if applicable, any accommodations required;
5. Accommodations for school-related activities, such as school trips and after-school activities;
6. A description of how medical treatment of the condition may affect the student's education, if applicable;
7. The student's understanding of and ability to manage the epilepsy or seizure disorder;
8. How to maintain communication with the student, parents/guardians, the student's healthcare team, and the school health aid; and
9. A list of qualified staff who may administer emergency medication to the student for a seizure.

5.2 The plan may be updated annually and as necessary if there is a change in the health status of the student. The plan must also address the notification to the appropriate staff.

5.3 All employees who have received notification that a student they interact with has epilepsy or another seizure disorder will be provided with information about how to recognize indicators for epilepsy and seizure disorder, epilepsy, or seizure disorder first aid, when to call for assistance, and a parent/guardian and emergency contact information for that student. The training shall be provided by the District school nurse. The training may be individualized to each student, if necessary.

SECTION 6. SELF-ADMINISTRATION OF ASTHMA MEDICATION, INSULIN/DIABETIC TREATMENT, SEIZURE DISORDER MEDICATION, OR EPINEPHRINE AUTO-INJECTORS

6.1 Pursuant to Idaho Code covering the self-administration of asthma medication, the following shall apply to epinephrine auto-injectors, seizure disorder medication, insulin, or blood glucose monitoring supplies if a parent/legal guardian chooses to have their child self-medicate:

6.1.1 The parents/guardians of the pupil shall provide to the Board or designee written authorization for the self-administration of medication.

6.1.2 The parents/guardians of the pupil shall provide to the Board or designee written certification from the student's physician that the student has a severe allergic reaction (anaphylaxis), asthma, or another potentially life-threatening respiratory illness, epilepsy or another seizure disorder, or diabetes and is capable of, and has been instructed in, the proper method of self-administration of medication. In cases where the pupil has severe or life-threatening allergies, Policy 3515 Food Allergy Management, and any related procedures shall be followed. For students with a severe allergic reaction, asthma, or another potentially life-threatening respiratory illness, seizure disorder, or diabetes the student's physician or health care provider-supplied information shall contain:

- i. The name and purpose of the medicine;
- ii. The prescribed dosage;
- iii. The time(s) at which or the special circumstances under which medication should be administered;
- iv. The length of time for which medication is prescribed;

- v. The possible side-effects of the medicine;
- vi. Actions to take in the event of an emergency, including if the medication does not improve the child's breathing or allergic reaction;
- vii. Contact information for the physician and parent/guardian; and
- viii. If applicable, a list of the child's asthma or seizure triggers or allergies.

6.1.3 The school's administration and appropriate teachers and school personnel shall be informed that the student is self-administering prescribed medication. Such notification shall be done in a manner so as to best preserve the privacy of the student and the student's medical condition to the extent appropriate.

6.1.4 For students with severe or life-threatening allergies this information may be provided in the student's Emergency Care Plan.

SECTION 7. ADDITIONAL REQUIREMENTS FOR SELF-ADMINISTRATION OF MEDICINES

7.1 The Superintendent/Designee will inform the parents/guardians of the pupil in writing that the District and its employees or agents shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil, absent any negligence by the District, its employees, or its agents, or as a result of providing all relevant information provided pursuant to subdivisions of this subsection with the school health staff.

7.2 The parents/guardians of the pupil shall sign a statement acknowledging that the District shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil and that the parents/guardians shall indemnify and hold harmless the District and its employees or agents against any claims arising out of the self-administration of medication by the pupil.

7.3 Students who are authorized to carry their medication, supplies or equipment necessary for managing their diabetes, allergies, asthma, or epilepsy or other seizure disorder, may be retested periodically to ensure they are still capable of correctly using the medication.

7.3.1 As used in this section:

1. "Medication" means:
 - A. An epinephrine auto-injector;
 - B. A metered dose inhaler, or a dry powder inhaler;
 - C. Medication for the treatment of epilepsy or another seizure disorder; and
 - D. Insulin, insulin delivery system and/or supplies or equipment necessary for diabetes monitoring and/or treatment prescribed by a physician and having an individual label;
2. "Self-administration" means a student's use of medication pursuant to prescription or written direction from a physician; and
3. A student who is permitted to self-administer medication pursuant to this section shall be permitted to possess and use the prescribed medication at all times.

7.3.2 Any school employee authorized in writing by the school administrator or principal may assist with self-administration of medications provided that only the following acts are used:

1. Verbal suggestions, prompting, reminding, gesturing, or providing a written guide for self-administering medications;
2. Handing a prefilled, labeled medication holder, labeled unit dose container, syringe, or original marked, labeled container from the pharmacy to the student;
3. Opening the lid of the above container for the student;
4. Guiding the hand of the student to self-administer the medication;
5. Holding a container of fluid and assisting the student in drinking fluid to assist in the swallowing of oral medications; and/or
6. Assisting with removal of a medication from a container for students with a physical disability which prevents independence in the act.

SECTION 8. HANDLING AND STORAGE OF MEDICINES

8.1 All medications, including those approved for keeping by students for self-administration, must first be delivered by the parent or other responsible adult to the health care staff or employee assisting with the self-administration of medication. The health care staff or the employee must:

1. Examine any new medication to ensure that it is properly labeled with dates, the name of the student, the medication name, the dosage, and the physician's name;
2. If administration is necessary, the health care staff must develop a medication administration plan for the student before any medication is given by school personnel;
3. Record on the Student's Individual Medication Record the date the medication is delivered and the amount of medication received;
4. Store medication requiring refrigeration at 36F - 46F; and
5. Store prescribed medicinal preparations in a securely locked storage compartment excluding those medications approved for self-administration. Controlled substances will be contained in a separate compartment, secured, and locked at all times.

8.2 No more than a thirty (30) school day supply of a medication for a student will be stored at the school. All medications, prescription and nonprescription, will be stored in their original containers.

8.3 Access to all stored medication will be limited to persons authorized to administer medications or assist in the self-administration of medications. Each school will maintain a current list of those persons authorized by delegation from a licensed nurse to administer medications.

8.4 Secondary school students (grades 9 through 12) may keep and administer their own non-prescription Medication, but they may bring only one (1) day's supply of Medication to school. A note from the parent/guardian or the Medical Consent Form will be on file in the health office and a copy in the student's possession stating the name of the Medication, the reason for taking it, and the dosage.

SECTION 9. DISPOSAL OF MEDICATION

9.1 School personnel must either return to the parent/guardian or destroy (with permission of the parent/guardian) any unused, discontinued, or obsolete medication. Medicine which is not repossessed by the parent/guardian within a seven (7) day period of notification by school authorities will be destroyed by the school health staff in the presence of a witness.

SECTION 10. MEDICATIONS TO REVERSE AN OPIOID OVERDOSE

10.1 The District participates in a program that provides treatment of opioid overdoses, as outlined in Policy 3518.

3510F1 Authorization for Self-Administered Medication

3510F1 Authorization for Self-Administered Medication (Spanish)

3510F2 Indemnification Hold Harmless Agreement for Self Administration of Medication

3510F2 Indemnification Hold Harmless Agreement for Self Administration of Medication (Spanish)

3510F3 Medication Consent Form

3510F3 Medication Consent Form (Spanish)

3510F4 Anaphylaxis Fact Sheet and Epinephrine Protocol

3510F5 Opioid Overdose Fact Sheet and Protocol

Supporting Documents



[3510F1 Authorization for Self Administered Medication](#)



[3510F1 Authorization for Self-Administered Medication Spanish translation](#)



[3510F2 Indemnification Hold Harmless Agreement For Self Administration of Medication](#)



[3510F2 Indemnification_Hold Harmless Agreement For Self-Administration of Medication Spanish Translation](#)

 [3510F3 Medication Consent Form - English](#)

 [3510F3 Medication Consent Form - Spanish](#)

 [Policy 3510F4 Anaphylaxis Fact Sheet and Epinephrine Protocol \(1\)](#)

 [Policy 3510F5 Opioid Overdose Fact Sheet and Protocol \(1\)](#)

Idaho Code § References

33-520

Description

[Policy Governing Medical Inhalers, Epinephrine auto-Injectors, Insulin and Blood Glucose Monitoring Supplies](#)

54-1401

[Nurses - Purposes- License Required - Representation to the Public](#)

IDAPA References

08.02.03.160.01.a.i

Description

[Rules Governing Student Health Policies](#)

Autorización para Medicamentos Autoadministrados

Nombre del Estudiante: _____

Grado: _____ Fecha de Nacimiento: _____

Padre / Tutor: _____

Teléfono: (Casa/Celular): _____ (Trabajo): _____

Doy mi permiso para que mi hijo se auto administre el medicamento que se describe a continuación. Indemnizo y eximo de responsabilidad al Distrito y a sus empleados o agentes de honorarios legales, costos y cualquier daño potencial relacionado con la autoadministración de este medicamento que surja de cualquier reclamo presentado por el niño mencionado anteriormente o cualquier otra persona.

Firma de Padre / Tutor_____
Fecha**LO SIGUIENTE DEBE SER COMPLETADO POR EL MÉDICO:**

Recomiendo que se permita que el alumno mencionado anteriormente se auto administre el siguiente medicamento.

Nombre y Propósito del Medicamento: _____

Identificación del Problema Médico Crónico: _____

Dosis Prescrita que se Debe Tomar _____

Duración del Tiempo que se Debe Tomar el Medicamento _____

Posibles Efectos Secundarios y/o Precauciones Especiales que Deben Tomarse: _____

Condiciones bajo las cuales se Llevará a Cabo la Automedicación:

_____ Independientemente (El niño debe haber tenido entrenamiento y ser competente en la administración automática de medicamentos)

Nombre del Entrenador: _____

Fecha de Entrenamiento: _____

Bajo la supervisión de la Oficina de Salud:

El medicamento debe ser: _____ Almacenado en la Oficina de Salud

_____ En posesión del Estudiante

Nombre del Médico Escrito_____
Firma del Médico_____
Fecha

Indemnification/Hold Harmless Agreement For Self-Administration of Medication

Student Name: _____

The parent(s)/guardians(s) agree to indemnify, defend, and hold the School District harmless from any and all claims, actions, costs, expenses, damages, and liabilities, including attorney's fees, arising out of, connected with, or resulting from the self-administration of medication by the pupil. The parent(s)/guardians(s) agree(s) that the School District, Board of Education, Board of Education employees and its agents shall incur no liability as a result of any injury arising out of or connected with the self-administration of medication by the pupil. Specifically, the parent(s)/guardian(s) agree that they will not institute either on their own behalf or on behalf of the pupil, any claim or action against the Board of Education, Board of Education employees and its agents arising out of or connected with self-administration of medication by the pupil.

This agreement shall take effect on the date listed below and shall stay in effect for as long as the pupil is provided permission to self-administer medication. This agreement must be signed and in full effect prior to the granting of permission to self-administer medication.

Parent/Guardian's Name (Please Print)

Parent/Guardian 's Signature

Parent/Guardian's Name (Please Print)

Parent/Guardian's Signature

Principal's Signature

Date of Agreement

Acuerdo de Indemnización / Exención de Responsabilidad por la Autoadministración de Medicamentos

Nombre del Estudiante: _____

Los padres / tutores acuerdan indemnizar, defender y eximir al Distrito Escolar de todas y cada una de las reclamaciones, acciones, costos, gastos, daños y responsabilidades, incluyendo los honorarios de abogados, que surjan de, estén relacionados con o resulten de la autoadministración de medicamentos por parte del alumno. Los padres / tutores acuerdan que el Distrito Escolar, la Junta de Educación, los empleados de la Junta de Educación y sus agentes no incurrirán en responsabilidad como resultado de cualquier lesión que surja o esté relacionada con la autoadministración de medicación por el alumno. Específicamente, el (los) padre (s) / tutor (es) acuerdan que no instituirán, en su propio nombre o en nombre del alumno, ningún reclamo o acción contra la Junta de Educación, los empleados de la Junta de Educación y sus agentes que surjan de o relacionado con la autoadministración de medicamentos por parte del alumno.

Este acuerdo entrará en vigencia en la fecha indicada a continuación y permanecerá vigente mientras el alumno tenga permiso para autoadministrarse el medicamento. Este acuerdo debe ser firmado y en pleno efecto antes de otorgar el permiso para autoadministrarse el medicamento.

Nombre del Padre / Tutor (Por favor, Escriba su Nombre)

Firma del Padre / Tutor

Nombre del Padre / Tutor (Por favor, Escriba su Nombre)

Firma del Padre / Tutor

Firma del Director

Fecha del Acuerdo

Student Name: _____ DOB: _____

Form 3510F3

Caldwell School District #132

Medication Consent Form

Parents/Guardian:

Caldwell School District #132 allows the school nurse/health aide or designee to assist students in taking medications at school.

Guideline for Prescription/Non-Prescription Medication:

1. Prescription or Non-Prescription medication must be in original bottle. Prescription medication must have a valid pharmacy label with MD name and date. Caldwell policy does not allow students to bring their medication to school or pick up at the end of the year this must be done by a parent/guardian.
2. All Non- prescription medications administered will be dispensed per manufacture label ONLY, with parent signature at the bottom of this form.
3. This form must be signed by the parent/guardian and will be faxed to MD office for signature, a valid prescription label and parent signature will enable staff to administer medication while waiting for MD to sign and return.
4. Secondary school students (grades 9-12 only) may keep and administer non-prescription medication, BUT they can only bring a one-day's supply and have "medication" written on the back of their name badge(if badge available) and a valid medication consent in the nurse's office on file.
5. Elementary and secondary students may carry asthma inhalers, insulin or epinephrine if medically needed for self-administration with "Emerg. Med" written on the back of their name badge and a valid medication consent in the nurse's office on file. Without a doctor note, saying this is necessary the medication will be stored in the nurse office.

List Medication	Amount	Time/as needed
_____	_____	_____
_____	_____	_____
_____	_____	_____

MD Name _____ PHONE # _____ FAX _____

ADDRESS: _____

MD Signature: _____

By signing this form, I authorize the Caldwell School District #132 to administer the following over the counter medications if necessary to my child/children and follow the manufacturer guidelines and instructions.

___ Acetaminophen ___ Ibuprofen ___ Cough Drops ___ Antacid ___ Throat Spray ___ NONE

Parent/Guardian Signature: _____ Date: _____ NURSE/Health

Aid: _____ Date _____

Nombre _____ DOB _____

Formulario 3510F3

Distrito escolar de Caldwell #132 **Formulario de Consentimiento de Medicación**

Padres / Tutores:

El Distrito Escolar # 132 de Caldwell permite que la enfermera / asistente de salud de la escuela o la persona designada ayude a los estudiantes a tomar medicamentos en la escuela.

Pauta para Medicamentos Recetados / Sin Receta:

1. Los medicamentos recetados o no recetados deben estar en el frasco original. Los medicamentos recetados deben tener una etiqueta de farmacia válida con el nombre del médico y la fecha . La póliza de Caldwell no permite que los estudiantes traigan sus medicamentos a la escuela o que los recojan al final del año, esto debe hacerlo un padre / tutor.
2. Todos los medicamentos sin receta administrados se dispensarán SOLAMENTE por etiqueta de fabricación, con la firma de los padres en la parte inferior de este formulario.
3. Este formulario debe ser firmado por el padre / tutor y se enviará por fax a la oficina del Médico para su firma, una etiqueta de receta válida y la firma del padre permitirán al personal administrar el medicamento mientras esperan que el Médico firme y lo regrese.
4. Los estudiantes de Escuela Secundaria (solo para los grados 9-12) pueden conservar y administrar medicamentos sin receta, PERO solo pueden traer un suministro de un día y tener "medicamento" escrito en el reverso de su credencial (si está disponible) y un consentimiento de medicamentos en el archivo en la oficina de la enfermera .
5. Los estudiantes de Primaria y Secundaria pueden llevar consigo inhaladores para el asma, insulina o epinefrina si son medicamento necesarios para la autoadministración con "Emerg. Med" / "Med. de Emergencia" escrito en la parte posterior de su credencial y un consentimiento de medicamentos válido en el archivo en la oficina de la enfermera. Sin una nota del médico, que indique que esto es necesario, el medicamento se almacenará en la enfermería.

Lista de Medicamentos	Cantidad	Tiempo / según sea necesario
_____	_____	_____
_____	_____	_____
_____	_____	_____

Nombre del Médico _____ Teléfono: _____ Fax: _____

Dirección : _____

Firma del Medico: _____

Al firmar este formulario, autorizo al Distrito Escolar #132 de Caldwell a administrar los siguientes medicamentos de venta libre a mi hijo / a si es necesario y seguir las pautas e instrucciones del fabricante.

___ Paracetamol ___ Ibuprofeno ___ Pastillas para la tos ___ Neutralizador de acidez ___ Spray para la garganta ___
Ninguno

Firma del Padre / Tutor: _____ Fecha: _____

ENFERMERA / Ayudante de Salud: _____ Fecha: _____