

## **Administering Noninjectable/Injectable Medicines to Students\*\*/\***

Students may, subject to the provisions of this regulation, have noninjectable/injectable prescription or nonprescription medication administered by designated, trained staff. Self-medication by students will also be permitted in accordance with this regulation.

### 1. Definitions

- a. "Prescription medication" means any noninjectable/injectable drug, chemical compound, suspension or preparation in suitable form for use as a curative or remedial substance taken either internally or externally by a student under the written direction of a physician. Prescription medication does not include dietary food supplements.
- b. "Nonprescription medication" means only commercially prepared, nonalcohol-based medication to be taken at school that is necessary for the student to remain in school. This shall be limited to eye, nose and cough drops, cough suppressants, analgesics, decongestants, antihistamines, topical antibiotics, anti-inflammatories and antacids that do not require written or oral instructions from a physician. Nonprescription medication does not include dietary food supplements.
- c. "Physician" means a doctor of medicine or osteopathy, a physician assistant licensed to practice by the Board of Medical Examiners for the State of Oregon, a nurse practitioner with prescriptive authority licensed by the Oregon State Board of Nursing, a dentist licensed by the Board of Dentistry for the State of Oregon, an optometrist licensed by the Board of Optometry for the State of Oregon or a naturopathic physician licensed by the Board of Naturopathy for the State of Oregon.
- d. "Student self-medication" means a student must be able to administer medication to himself/herself without requiring a trained staff member to assist in the administration of the medication.
- e. "Age-appropriate guidelines" means the student must be able to demonstrate the ability, developmentally and behaviorally, to self-medicate with permission from parent (guardian), Administrator, and in the case of a prescription medication, a physician.
- f. "Training" means yearly instruction, by a qualified trainer, to be provided to designated staff on the administration of prescription and nonprescription medication, based on requirements set out in guidelines approved by the Oregon Department of Education (ODE), including discussion of applicable District policies, procedures and materials.
- g. "Qualified trainer" means a person who is familiar with the delivery of health services in a school setting and who is a registered nurse licensed by the Oregon State Board of Nursing, a physician, nurse practitioner, or a pharmacist licensed by the State Board of Pharmacy for the state of Oregon.

### 2. Designated Staff/Training

- a. The Principal will designate trained staff authorized to administer medication to students within individual school buildings and while participating at school-sponsored activities on or off District property. The Principal will ensure building and activity practices and procedures are consistent with the requirements of law, rules and this regulation.
- b. The Principal will ensure the training required by law and Oregon Administrative Rules is provided. Training must be conducted by a qualified trainer.
- c. Training will provide an overview of applicable provisions of Oregon law, administrative rules, District policy and administrative regulations and include, but not be limited to, the following: safe storage, handling, monitoring medication supplies, disposing of medications, record keeping and reporting of medication administration and errors in administration, emergency medical response for life-threatening side effects and allergic reactions, and student confidentiality. Materials as recommended and/or approved by the ODE will be used.
- d. Training will be provided yearly to designated staff authorized to administer medication to students.
- e. A copy of the District's policy and administrative regulation will be provided to all staff authorized to administer medication to students and others, as appropriate.
- f. A statement that the designated staff member has received the required training will be signed by the staff member and filed in the District office.

### 3. Administering Medications to Students

Requests for designated staff to administer medication to students may be approved by the District as follows:

- a. A written request for the District to administer prescription medication must be submitted to the school office to include:
  - i. The written signed permission of the parent;
  - ii. The written instruction from the physician for the administration of the prescription medication to the student including:
    - (1) Name of the student;
    - (2) Name of the medication;
    - (3) Route;
    - (4) Dosage;
    - (5) Frequency of administration; and
    - (6) Other special instruction, if any.

The prescription label will be considered to meet this requirement if it contains the information listed in (a)-(f) above.

- b. A written request for the District to administer nonprescription medication must be submitted to the school office to include:
  - i. The written signed permission of the parent;
  - ii. The written instruction from the parent for the administration of the nonprescription medication to the student including:
    - (1) Name of the student;
    - (2) Name of the medication;
    - (3) Route;
    - (4) Dosage;
    - (5) Frequency of administration;
    - (6) Other special instruction, if any.
- c. Medication is to be submitted in its original container;
- d. Medication is to be brought to and returned from the school by the parent;
- e. It is the parent's responsibility to ensure that an adequate amount of medication is on hand at the school for the duration of the student's need to take medication;
- f. It is the parent's responsibility to ensure that the school is informed in writing of any changes in medication instructions;
- g. In the event a student refuses medication, the parent will be notified immediately. No attempt will be made to administer medication to a student who refuses District-administered medication;
- h. Any error in administration of medication will be reported to the parent immediately and documentation made on the District's Accident/Incident Report form. Errors include, but are not limited to, administering medication to the wrong student, administering the wrong medication, dose, time, route, etc.;
- i. Medication shall not be administered or self-medication allowed until the necessary permission form and written instructions have been submitted as required by the District.

#### 4. Self-medication

- a. Self-medication of prescription and nonprescription medication for K-12 students will be allowed subject to the following:
  - i. A parent (guardian) permission form must be submitted for self-medication of all prescription and nonprescription medications. In the case of prescription medications, permission from the physician or other licensed health care professional is also required. Such permission may be indicated on the prescription label. A written treatment plan from a licensed health care professional for the managing of student's severe allergy will be required for use of medication by the student during school hours. Principal permission is required for all self-medication requests;
  - ii. Students who are developmentally and/or behaviorally unable to self-medicate will be provided assistance by designated school staff. A permission form and written instructions will be required as provided in Section 3. a. and b. above;

- iii. All prescription and nonprescription medication must be kept in its appropriately labeled, original container, as follows:
  - (1) Prescription labels must specify the name of the student, name of the medication, dosage, route and frequency or time of administration and any other special instruction including student permission to self-medicate;
  - (2) Nonprescription medication must have the student's name affixed to the original container.
- iv. The student may have in his/her possession only the amount of medication needed for that school day, except for manufacturer's packaging that contains multiple dosage, the student may carry one package, such as but not limited, to bronchodilators/inhalers;
- v. Sharing and/or borrowing of medication with another student is strictly prohibited;
- b. For students who have been prescribed bronchodilators or epinephrine, staff will request from the parent or guardian, that the parent or guardian provide backup medication for emergency use by that student. Backup medication, if provided by the parent or guardian, will be kept at the student's school in a location to which the student has immediate access in the event the student has an asthma and/or severe allergy emergency.
- c. Upon written parent request and with a physician's written statement that the lack of immediate access to a backup autoinjectable epinephrine may be life threatening to a student, and the location the school stores backup medication is not located in the student's classroom, a process shall be established to allow the backup autoinjectable epinephrine to be kept in a reasonably secure location in the student's classroom.
- d. Permission to self-medicate may be revoked if the student violates the Board's policies JHCD - Administering Noninjectable Medicines to Student and JHCDA - Administering Injectable Medicines to Students and/or these regulations. Additionally, students may be subject to discipline, up to and including expulsion, as appropriate.

## 5. Handling, Storage, Monitoring Medication Supplies

- a. Medication administered by designated staff and self administered medication must be delivered by the parent to the school, in its original container, accompanied by the permission form and written instructions, as required above.
- b. Medication in capsule or tablet form and categorized as a sedative, stimulant, anticonvulsant, narcotic analgesic or psychotropic medication will be counted by designated staff in the presence of another District employee upon receipt, documented in the student's medication log and routinely monitored during storage and administration. Discrepancies will be reported to the Principal immediately and documented in the student's medication log. For such medication not in capsule or tablet form, standard measuring and monitoring procedures will apply.
- c. Designated staff will follow the written instructions of the physician and parent and training guidelines as may be recommended by ODE for administering all forms of noninjectable/injectable medications.

- d. Medication will be secured as follows:
  - i. Non-refrigerated medications will be stored in a locked cabinet, drawer or box;
  - ii. Medications requiring refrigeration will be stored in an identified space in the refrigerator for the storage of medication;
  - iii. Access to medication storage keys will be limited to the Principal and designated school staff.
- e. Designated staff will be responsible for monitoring all medication supplies and for ensuring medication is secure at all times, not left unattended after administering and that the medication container is properly sealed and returned to storage.
- f. In the event medication is running low or an inadequate dosage is on hand to administer the medication, the designated staff will notify the parent immediately.

## 6. Emergency Response

- a. Designated staff will notify 911 or other appropriate emergency medical response systems and administer first aid, as necessary, in the event of life-threatening side effects that result from District-administered medication or from student self-medication. The parent, school nurse and Principal will be notified immediately.
- b. Minor adverse reactions that result from district-administered medication or from student self-medication will be reported to the parent immediately.

## 7. Disposal of Medications

- a. Medication not picked up by the parent at the end of the school year or within five school days of the end of the medication period, whichever is earlier, will be disposed of by designated staff in a nonrecoverable fashion as follows:
  - 1) Medication will be taken to a designated medication drop-off site (e.g., local police station);
  - 2) Medication in capsule, tablet and liquid form will be removed from their original container (destroy any personal information). Crush solid medications, mix or dissolve in water (this applies to liquid as well) and mix with an undesirable substance such as coffee grounds, kitty litter, flour etc., and place it in impermeable non-descriptive containers such as empty cans or sealable bags, placing these containers in the trash. Flush prescriptions down the toilet **only** if the accompanying patient information specifically instructs it is safe to do so (ONDCP Federal Government Guidelines February 20, 2007);
  - 3) Other medication will be disposed of in accordance with established training procedures including sharps and glass.

## 8. Documentation and Record Keeping

- a. A medication log will be maintained for each student administered medication by the District. The medication log will include, but not be limited to:
  - i. The name, dose and route of medication administered, date, time of administration and name of the person administering the medication;
  - ii. Student refusals of medication;
  - iii. Errors in administration of medication<sup>1</sup>;
  - iv. Emergency and minor adverse reaction incidents<sup>1</sup>;
  - v. Discrepancies in medication supply.
- b. All records relating to administration of medicines, including permission slips and written instructions, will be maintained in a separate medical file apart from the student's education records file unless otherwise related to the student's educational placement and/or individualized education program. Records will be retained in accordance with applicable provisions of OAR 166-400-0010(17) and OAR 166-400-0060(29).
- c. Student medical files will be kept confidential. Access shall be limited to those designated school staff authorized to administer medication to students, the student and his/her parents. Information may be shared with staff with a legitimate educational interest in the student or others as may be authorized by the parent in writing.

A school administrator, teacher or other District employee designated by the school administrator is not liable in a criminal action or for civil damages as a result of the administration of prescription and/or nonprescription medication as per ORS 339.870.

A school administrator, school nurse, teacher or other District employee designated by the school administrator, the School District and members of the District Board, are not liable in a criminal action or for civil damages as a result of a student's use of medication.

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<sup>1</sup>Designated staff may note incident by symbol in medication log and attach detailed documentation as necessary.

**Seaside School District 10**  
**Medication Administration Record**  
 (Each Medication needs to have a separate form)

School Year \_\_\_\_\_ School \_\_\_\_\_

Student: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade \_\_\_\_\_

Medication Name, Route \_\_\_\_\_ Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Date, Dose, Time: \_\_\_\_\_ Date, Dose, Time: \_\_\_\_\_

Date, Dose, Time: \_\_\_\_\_ Side Effects: \_\_\_\_\_

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
SEPTEMBER																															
OCTOBER																															
NOVEMBER																															
DECEMBER																															

Initials	Name	Codes					
			Weekend and/ or No School	F	Field Trip	R	Refusal to take medication
		H	Holiday/Vacation	D	Early Dismissal	*	Error(describe on separate pg.)
		A	Absent	W	Dose Withheld	*	Reaction to meds (describe)
		N	None Available	O	No Show		

Date	Comments/ Explanation	Date	Comments/ Explanation

## Seaside School District 10 Medication Administration Record

Student: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade \_\_\_\_\_

Medication Name, Route \_\_\_\_\_ Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Date, Dose, Time: \_\_\_\_\_ Date, Dose, Time: \_\_\_\_\_

Date, Dose, Time: \_\_\_\_\_ Side Effects: \_\_\_\_\_

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JANUARY																															
FEBRUARY																															
MARCH																															
APRIL																															
MAY																															
JUNE																															

Initials	Name	Codes					
			Weekend and/ or No School	F	Field Trip	R	Refusal to take medication
		H	Holiday/Vacation	D	Early Dismissal	*	Error(describe on separate pg.)
		A	Absent	W	Dose Withheld	*	Reaction to meds (describe)
		N	None Available	O	No Show		In-Service

Date	Comments/ Explanation	Date	Comments/ Explanation



**SEASIDE SCHOOL DISTRICT NO. 10  
CANNON BEACH – GEARHART – SEASIDE**

**Medication Request**

All of the following information must be provided in order for students to receive medication at school. All medications must be in the original container, fully labeled and brought to and from school by the parent.

**Student Name** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Name and dosage of medication** \_\_\_\_\_

**Route medication is to be given** (oral, inhaled, eye drops, transdermal, etc.) \_\_\_\_\_

**Frequency** medication is given \_\_\_\_\_

**Times doses are to be given at school** \_\_\_\_\_

**Purpose of medication** \_\_\_\_\_

**Adverse reactions** \_\_\_\_\_

**Duration of therapy**      Starting date \_\_\_\_\_      Ending date \_\_\_\_\_

**Special Instructions** (if indicated)

\_\_\_\_\_  
Physician name (printed)

\_\_\_\_\_  
Phone number for physician

\_\_\_\_\_  
Physician Signature\*

\_\_\_\_\_  
Date

\*Required for all prescription medicines. Prescription label prepared by pharmacist will suffice if it contains the student's name, name of medication, dosage, route, frequency of administration and other special instructions, if any.

I give my permission for my child to receive this medication at school. The school nurse, building administrator or his/her designee has my permission to contact my child's physician with questions/concerns about this medication. Medication will only be administered by school nurse-trained personnel. I absolve school personnel of liability resulting from my child's taking this medication at school.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**SEASIDE SCHOOL DISTRICT NO. 10  
CANNON BEACH – GEARHART – SEASIDE**

**Student Self Medication Request Form**

**Grades K-8**

Students may carry their own asthma inhaler medications, Epinephrine injectable medications, Glucagon Medications if the form below is completed by the parent.

**Grades 9-12:**

Self medication of prescription and nonprescription medication, with the exception of any medication categorized as a sedative, stimulant, narcotic analgesic or psychotropic medication, may be allowed subject to the following:

1. This permission form must be completed and submitted to the school office.
2. Students who are developmentally and/or behaviorally unable to self-medicate will be provided assistance by designated school staff.
3. All prescription and nonprescription medications must be kept in the appropriately labeled, original container as follows:
  - Prescription labels must be prepared by the pharmacist and specify the name of the student, name of the medication, dosage, route and frequency or time of administration and any other special instructions.
  - Nonprescription medication must have the student's name affixed to the original container.
4. The student may have in his/her possession only the amount of medication needed for that school day.
5. Sharing and/or borrowing of medication with another student is strictly prohibited.
6. Permission to self-medicate may be revoked if the student violates the Board's policy governing *Administering Noninjectable Medications to Students* and/or these regulations. Additionally, students may be subject to discipline, up to and including expulsion, as appropriate.

**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Name and dosage of medication** \_\_\_\_\_

**Route medication is to be given** (oral, inhaled, eye drops, transdermal, etc.) \_\_\_\_\_

**Frequency medication is taken** \_\_\_\_\_

**Purpose of medication** \_\_\_\_\_

**Adverse reactions** \_\_\_\_\_

**Duration of therapy** Starting date \_\_\_\_\_ Ending date \_\_\_\_\_

**Special Instructions** (if indicated):

I request permission to allow my child to take this medication at school independently in accordance with the written instructions above. My child and I have read the limitations and restrictions and agree to these terms.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Principal's Initials

\_\_\_\_\_  
Date

Administering Noninjectable Medicines to Students\*\* - JHCD-AR

10-10