

TITLE: Student Medication

Code: F8
Recommended

Policy

The schools of the Brattleboro Union High School District #6 shall have procedures in place to assure compliance with laws and regulations concerning the possession, administration and storage of prescription and non-prescription medications needed by students at school or during school sponsored activities.

Implementation

The principal will develop procedures governing possession, administration and storage of medication needed by any student during the regular school day or during school sponsored activities. The procedures will comply with the following.

1. Medication may be given by the school nurse, or a person designated and trained by the school nurse, upon written orders from a physician, and upon written request of a student's parent or guardian that the School District comply with the physician's order. The physician's orders must detail the name of the drug, dosage, time interval the medication is to be taken, diagnosis and reason for giving.
2. Medication must be brought to school in a container labeled by the pharmacy or physician and stored in a secure, locked storage place as directed by the school nurse or designee.
3. Students with life threatening allergies or with asthma, whose parents or guardians comply with all of the requirements of Act 175 of 2008, shall be permitted to possess and self-administer emergency medication at school, on school grounds, at school-sponsored activities, on school-provided transportation, and during school-related programs.

Non-prescription medication must be accompanied by a written request from the parent or guardian of a student that explains the reason the medication needs to be taken at school, and instructions about the dosage to be taken and the circumstances when the school nurse or nurse's designee should administer the medication. The request must contain assurances that the student has suffered no previous ill effects from the use of medication. Medication must be left in the custody of the school nurse. Medication must be provided in the original packaging.

The school shall provide an opportunity for communication with the pupil, parent or guardian, and physician regarding the efficacy of the medication administered during school hours. In the case of medication possessed by students with life threatening allergies or with asthma, the school shall provide forms for parents to submit authorizing possession of the medication and releasing the school from liability as a result of any injury arising from the students' self-administration of the emergency medication.

Natural Treatments

1. All natural treatments must be accompanied by a written request from the parents or guardian, including reason for giving.

2. Treatments must be brought to school in an original container and stored in a locked cabinet in the nurse's office unless the school nurse, for medical reasons, permits the natural treatment to be kept in the possession of the student or in some other location.
3. Before administering natural treatments, the nurse must have access to current valid information regarding the action, desired effects, side effects, toxic effects and possible chemical and drug interactions with other substances. Information on treatments from a monograph written by a licensed practitioner or naturopath is acceptable if published data is not available.
4. For students known to be taking prescription medication, natural treatments will not be administered at school unless the parents or guardian provide consent authorizing the school nurse to contact the prescribing physician regarding the concurrent use of the natural treatment or unless the parent provides a statement from the prescribing physician indicating that concurrent use of the natural treatment has been approved.

Date Warned: January 11, 2016

Date Adopted: January 25, 2016

Legal References (s): Act 175 of 2008
16 V.S.A. §1387

Cross Reference:

TITLE: SAMPLE PARENTAL AUTHORIZATION FORM

CODE: F8A

As the parent (or guardian) of _____, I hereby authorize my child to possess and self-administer emergency medication at school, on school grounds, at school sponsored activities, on school provided transportation, and during school-related programs.

As documented by the attached physician's statement, my child has _____

(name the specific life-threatening allergies or asthma applicable to this authorization), and is capable of, and has been instructed by the physician in properly self-administering the emergency medication named by the physician.

As further documented by the attached physician's statement, my child has been advised of possible side effects of the medication and has been informed of when and how to access emergency services.

The attached plan of action, developed specifically for the _____ school year in consultation with the school nurse, is based on the documentation provided by the physician's statement and includes the name of each emergency medication, the dosage, and the times and circumstances under which the medication is to be taken.

The plan of action also indicates that the medication is solely for the use of my child, that one of the requirements of the plan is that my child will notify a school employee or agent after self-administering emergency medication.

As required by Act 175 of 2008, I hereby release the school, its employees and agents, including volunteers, from liability as a result of any injury arising from my child's self-administration of emergency medication, except when the conduct of the school, school employee, or agent would constitute gross negligence, recklessness or intentional misconduct.

Signed on: _____ at _____
(date) (town and state)

By: _____
(parent or guardian)

Witnessed by: _____ Date: _____