4.35—STUDENT MEDICATIONS

Prior to the administration of any medication to any student under the age of eighteen (18), written parental consent is required. The consent form shall include authorization to administer the medication and relieve the Board and its employees of civil liability for damages or injuries resulting from the administration of medication to students in accordance with this policy. All signed medication consent forms are to be maintained by the school nurse.

Unless authorized to self-administer, students are not allowed to carry any medications, including over-the-counter medications or any perceived health remedy not regulated by the US Food and Drug Administration, while at school. The parent or legal guardian shall bring the student’s medication to the school nurse. The student may bring the medication if accompanied by a written authorization from the parent or legal guardian. When medications are brought to the school nurse, the nurse shall document, in the presence of the parent, the quantity of the medication(s). If the medications are brought by a student, the school nurse shall ask another school employee to verify, in the presence of the student the quantity of the medication(s). Each person present shall sign a form verifying the quantity of the medication(s).

Medications, including those for self-administration, must be in the original container and be properly labeled with the student’s name, the ordering provider’s name, the name of the medication, the dosage, frequency, and instructions for the administration of the medication (including times). Additional information accompanying the medication shall state the purpose for the medication, its possible side effects, and any other pertinent instructions (such as special storage requirements) or warnings. Schedule II medications that are permitted by this policy to be brought to school shall be stored in a double locked cabinet.

Students with an individualized health plan (IHP) may be given over-the-counter medications to the extent giving such medications are included in the student's IHP.

**Option One**

The only Schedule II medications that shall be allowed to be brought to the school are methylphenidate (e.g. Ritalin or closely related medications as determined by the school nurse), dextroamphetamine (Dexedrine), and amphetamine sulfate (e.g. Adderall or closely related medications as determined by the school nurse).**1**

For the student's safety, no student will be allowed to attend school if the student is currently taking any other Schedule II medication than permitted by this policy. Students who are taking Schedule II medications which are not allowed to be brought to school shall be eligible for homebound instruction if provided for in their IEP or 504 plans.**2**

**Option Two**

Students taking Schedule II medications methylphenidate (e.g. Ritalin or closely related medications as determined by the school nurse), dextroamphetamine (Dexedrine), and amphetamine sulfate (e.g. Adderall or closely related medications as determined by the school nurse)**1** shall be allowed to attend school.

Students taking Schedule II medications not included in the previous sentence**1** shall be allowed to bring them to school under the provisions of this policy and shall be permitted to attend and participate in classes **only** to the extent the student’s doctor has specifically authorized such attendance and participation.**2** A doctor’s prescription for a student’s Schedule II medication is **not** an authorization. Attendance authorization shall specifically state the degree and potential danger of physical exertion the student is permitted to undertake in the student's classes and extracurricular activities. Without a doctor’s written authorization, a student taking Schedule II medications, other than those specifically authorized in this policy, shall **not** be eligible to attend classes, but shall be eligible for homebound instruction if provided for in their IEP or 504 plans.**3**

The district’s supervising registered nurse shall be responsible for creating both on campus and off campus procedures for administering medications.

Students who have written permission from their parent or guardian and a licensed health care practitioner on file with the District may:

1. Self-administer either a rescue inhaler or auto-injectable epinephrine;
2. Perform his/her own blood glucose checks;
3. Administer insulin through the insulin delivery system the student uses;
4. Treat the student’s own hypoglycemia and hyperglycemia; or
5. Possess on his or her person:
6. A rescue inhaler or auto-injectable epinephrine; or
7. the necessary supplies and equipment to perform his/her own diabetes monitoring and treatment functions.

Students who have a current consent form on file shall be allowed to carry and self-administer such medication while:

* In school;
* At an on-site school sponsored activity;
* While traveling to or from school; or
* At an off-site school sponsored activity.

A student is prohibited from sharing, transferring, or in any way diverting his/her medications to any other person. The fact that a student with a completed consent form on file is allowed to carry a rescue inhaler, auto-injectable epinephrine, diabetes medication, or combination does not require him/her to have such on his/her person. The parent or guardian of a student who qualifies under this policy to self-carry a rescue inhaler, auto-injectable epinephrine, diabetes medication, or any combination on his/her person shall provide the school with the appropriate medication, which shall be immediately available to the student in an emergency.

Students may be administered Glucagon, insulin, or both in emergency situations by the school nurse or, in the absence of the school nurse, a trained volunteer school employee designated as a care provider, provided the student has:

1. an IHP that provides for the administration of Glucagon, insulin, or both in emergency situations; and
2. a current, valid consent form on file from their parent or guardian.

When the nurse is unavailable, the trained volunteer school employee who is responsible for a student shall be released from other duties during:

1. The time scheduled for a dose of insulin in the student’s IHP; and
2. Glucagon or non-scheduled insulin administration once other staff have relieved him/her from other duties until a parent, guardian, and other responsible adult, or medical personnel has arrived.

A student shall have access to a private area to perform diabetes monitoring and treatment functions as outlined in the student’s IHP.

Emergency Administration of Epinephrine

The school nurse or other school employees designated by the school nurse as a care provider who have been trained**1** and certified by a licensed physician may administer an epinephrine auto-injector in emergency situations to students who have an IHP developed under Section 504 of the Rehabilitation Act of 1973 which provides for the administration of an epinephrine auto-injector in emergency situations.

The parent of a student who has an authorizing IHP, or the student if over the age of eighteen (18), shall annually complete and sign a written consent form provided by the student's school nurse authorizing the nurse or other school employee certified to administer auto-injector epinephrine to the student when the employee believes the student is having a life-threatening anaphylactic reaction.

Students with an order from and a licensed health care provider to self-administer auto-injectable epinephrine and who have written permission from their parent or guardian shall provide the school nurse an epinephrine auto-injector. This epinephrine will be used in the event the school nurse, or other school employee certified to administer auto-injector epinephrine, in good faith professionally believes the student is having a life-threatening anaphylactic reaction and the student is either not self-carrying his/her /epinephrine auto-injector or the nurse is unable to locate it.

The school nurse for each District school shall keep epinephrine auto-injectors on hand that are suitable for the students the school serves. The school nurse or other school employee designated by the school nurse as a care provider who has been trained**1** and certified by a licensed physician may administer auto-injector epinephrine to those students who the school nurse, or other school employee certified to administer auto-injector epinephrine, in good faith professionally believes is having a life-threatening anaphylactic reaction.

The school shall not keep outdated medications or any medications past the end of the school year. Parents shall be notified ten (10) days in advance of the school’s intention to dispose of any medication. Medications not picked up by the parents or legal guardians within the ten (10) day period shall be disposed of by the school nurse in accordance with current law and regulations.**2**

Notes: A.C.A. § 17-87-103(11), as amended by Act 833 of 2015, provides for the administration of Glucagon, insulin, or both to students suffering from diabetes.

Districts are not under any obligation to “recruit” volunteers and 4.11 of the Rules explicitly states that no employee shall be pressured into volunteering.

**1** Arkansas Children’s Hospital, The University of Arkansas Medical System, the Department of Health, and ADE have developed a training that would meet the statute's and this policy’s certification requirements.

**2** The time frame in this paragraph is not statutorily mandated and may be changed to better suit your district and the employment contract of the school nurse. Any changes you make, however, need to address the need for students to have their medications through the last day of school and the reality of parent’s work schedules.

This policy offers two different options regarding permissibility of students attending and participating in classes while taking Schedule II medications. Be sure only one option is included in the adopted policy and delete the heading "Option One" or "Option Two" in the final version. The footnote numbers relate to the language contained within the specific option.

**Option One**

**1** Here is a helpful, but not all-inclusive, list of prohibited Schedule II medications: Opium, morphine, codeine, hydromorphone (Dilaudid), methadone, meperidine (Demerol), cocaine, oxycodone (Percodan), amobarbital, pentobarbital, sufentanile, etorphine hydrochloride, phenylactone, dronabinol, secobarbital, and fentanyl.

**2** If a student has surgery or is in an accident resulting in the student needing to take Schedule II medication, a 504 plan can be developed to cover the duration of the student’s recovery. The plan could include homebound instruction.

**Option Two**

**1** A partial, but not all-inclusive listing of Schedule II medications not specifically permitted includes: Opium, morphine, codeine, hydromorphone (Dilaudid), methadone, meperidine (Demerol), cocaine, oxycodone (Percodan), amobarbital, pentobarbital, sufentanile, etorphine hydrochloride, phenylactone, dronabinol, secobarbital, and fentanyl.

**2** The specific authorization should be provided on the doctor’s letterhead along with the completed Medication Administration Consent Form (4.35F).

**3** A student who had surgery or was in an accident and is taking a Schedule II medication may be told by his/her doctor to not attend class. In such a case, a 504 plan can be developed to cover the duration of the student’s recovery. The plan could include homebound instruction.

Legal References: Ark. State Board of Nursing: School Nurse Roles and Responsibilities

Arkansas Department of Education and Arkansas State Board of Nursing Rules Governing the Administration of Insulin and Glucagon to Arkansas Public School Students With Diabetes

A.C.A. § 6-18-707

A.C.A. § 6-18-711

A.C.A. § 6-18-1005(a)(6)

A.C.A. § 17-87-103 (11)

A.C.A. § 20-13-405

Date Adopted:

Last Revised:

4.35F—MEDICATION ADMINISTRATION CONSENT FORM

Student’s Name (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form is good for school year ­­­­­­­\_\_\_\_\_\_\_\_\_\_. This consent form must be updated anytime the student's medication order changes and renewed each year and/or anytime a student changes schools.

Medications, including those for self-administration, must be in the original container and be properly labeled with the student’s name, the ordering provider’s name, the name of the medication, the dosage, frequency, and instructions for the administration of the medication (including times). Additional information accompanying the medication shall state the purpose for the medication, its possible side effects, and any other pertinent instructions (such as special storage requirements) or warnings.

I hereby authorize the school nurse or his/her designee to administer the following medications to my child.

Name(s) of medication(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of physician or dentist (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dosage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructions for administering the medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Other instructions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I acknowledge that the District, its Board of Directors, and its employees shall be immune from civil liability for damages resulting from the administration of medications in accordance with this consent form.

Parent or legal guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Adopted:

Last Revised:

4.35F2—MEDICATION SELF-ADMINISTRATION CONSENT FORM

Student’s Name (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form is good for school year ­­­­­­­\_\_\_\_\_\_\_\_\_\_. This consent form must be updated anytime the student's medication order changes and renewed each year and/or anytime a student changes schools.

The following must be provided for the student to be eligible to self-administer rescue inhalers and/or auto-injectable epinephrine. Eligibility is **only** valid for this school for the current academic year.

* a written statement from a licensed health-care provider who has prescriptive privileges that he//she has prescribed the rescue inhaler and/or auto-injectable epinephrine for the student and that the student needs to carry the medication on his/her person due to a medical condition;
* the specific medications prescribed for the student;
* an individualized health care plan developed by the prescribing health-care provider containing the treatment plan for managing asthma and/or anaphylaxis episodes of the student and for medication use by the student during school hours; and
* a statement from the prescribing health-care provider that the student possesses the skill and responsibility necessary to use and administer the asthma inhaler and/or auto-injectable epinephrine.

If the school nurse is available, the student shall demonstrate his/her skill level in using the rescue inhalers and/or auto-injectable epinephrine to the nurse.

Rescue inhalers and/or auto-injectable epinephrine for a student's self-administration shall be supplied by the student’s parent or guardian and be in the original container properly labeled with the student’s name, the ordering provider’s name, the name of the medication, the dosage, frequency, and instructions for the administration of the medication (including times). Additional information accompanying the medication shall state the purpose for the medication, its possible side effects, and any other pertinent instructions (such as special storage requirements) or warnings.

Students who self-carry a rescue inhaler or an epinephrine auto-injector shall also provide the school nurse with a rescue inhaler or an epinephrine auto-injector to be used in emergency situations.

My signature below is an acknowledgment that I understand that the District, its Board of Directors, and its employees shall be immune from civil liability for injury resulting from the self-administration of medications by the student named above.

Parent or legal guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Adopted:

Last Revised:

4.35F3—Glucagon AND/OR INSULIN ADMINISTRATION CONSENT FORM

Student’s Name (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form is good for school year ­­­­­­­\_\_\_\_\_\_\_\_\_\_. This consent form must be updated anytime the student's medication order changes and renewed each year and/or anytime a student changes schools.

The school has developed an individual health plan (IHP) acknowledging that my child has been diagnosed as suffering from diabetes. The IHP authorizes the school nurse to administer Glucagon or insulin to my child in an emergency situation.

In the absence of the nurse, trained volunteer district personnel may administer to my child in an emergency situation:

Glucagon \_\_\_\_\_\_

Insulin \_\_\_\_\_\_

I hereby authorize the school nurse to administer Glucagon and insulin to my child, or, in the absence of the nurse, trained volunteer district personnel designated as care providers, to administer the medication(s) I selected above to my child in an emergency situation. I will supply the medication(s) I selected above to the school nurse in the original container properly labeled with the student’s name, the ordering provider’s name, the name of the medication, the dosage, frequency, and instructions for the administration of the medication (including times). Additional information accompanying the medication shall state the purpose for the medication, possible side effects, and any other pertinent instructions (such as special storage requirements) or warnings.

I acknowledge that the District, its Board of Directors, its employees, or an agent of the District, including a healthcare professional who trained volunteer school personnel designated as care providers shall not be liable for any damages resulting from his/her actions or inactions in the administration of Glucagon or insulin in accordance with this consent form and the IHP.

Parent or legal guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Adopted:

Last Revised:

4.35F4—EPINEPHRINE EMERGENCY ADMINISTRATION CONSENT FORM

Student’s Name (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form is good for school year ­­­­­­­\_\_\_\_\_\_\_\_\_\_. This consent form must be updated anytime the student's medication order changes and renewed each year and/or anytime a student changes schools.

My child has an IHP developed under Section 504 of the Rehabilitation Act of 1973 which provides for the administration of epinephrine in emergency situations. I hereby authorize the school nurse or other school employee certified to administer auto-injectable epinephrine in emergency situations when he/she believes my child is having a life-threatening anaphylactic reaction.

The medication must be in the original container and be properly labeled with the student’s name, the ordering provider’s name, the name of the medication, the dosage, frequency, and instructions for the administration of the medication (including times). Additional information accompanying the medication shall state the purpose for the medication, its possible side effects, and any other pertinent instructions (such as special storage requirements) or warnings.

Date of physician's order \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circumstances under which Epinephrine may be administered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Other instructions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I acknowledge that the District, its Board of Directors, and its employees shall be immune from civil liability for damages resulting from the administration of auto-injector epinephrine in accordance with this consent form, District policy, and Arkansas law.

Parent or legal guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Adopted:

Last Revised: