

**NHSBA APPENDIX
JLCD-R**

ADMINISTERING MEDICATION TO STUDENTS

A. Written Authorizations

In order for prescription medications to be given at the school, the following shall occur:

(1) The school nurse shall ensure that a written statement from the licensed prescriber containing the following be file in the student's health record:

- a. The student's name;
- b. The name and signature of the licensed prescriber and contact numbers;
- c. The name, route and dosage of medication;
- d. The frequency and time of medication administration or assistance;
- e. The date of the order; and
- f. A diagnosis, if not a violation of confidentiality;

(2) The school nurse shall ensure that there is written authorization by the parent and/or guardian that contain:

- a. The parent and/or guardian's printed name and signature;
- b. A list of all medications the student is currently receiving, if not a violation of confidentiality or contrary to the request of the parent, guardian or student that such medication be documented; and
- c. Approval to have the school nurse administer the medication, the student to possess and self-administer and/or the principal or his designee assist the student with taking the medication; and

(3) The school nurse shall ensure the authorization or other accessible documentation contains:

- a. The parent and/or guardian's home and emergency phone number(s); and
- b. Persons to be notified in case of a medication emergency in addition to the parent or guardian and licensed prescriber.

B. Delivery of Medication to School

(1) A parent, guardian or a parent/guardian-designated, responsible adult shall deliver all medication to be administered by school personnel to the school nurse or other responsible person designated by the school nurse as follows:

- (2) The prescription medication shall be in a pharmacy or manufacturer labeled container;
- (3) The school nurse or other responsible person receiving the prescription medication shall document the quantity of the prescription medication delivered; and
- (4) The medication may be delivered by other adult(s), provided, that the nurse is notified in advance by the parent or guardian of the delivery and the quantity of prescription medication being delivered to school is specified.
- (5) All medications shall be stored in their original pharmacy or manufacturer labeled containers and in such manner as to render them safe and prevent loss of efficacy. A single dose of medication may be transferred from this container to a newly labeled container for the purposes of field trips or school sponsored activities.

C. Recording Provisions

- (1) Each school will document the following information regarding medication taken by each student:
 - (a) Date and time of administration;
 - (b) Name of medication prescribed;
 - (c) Name of licensed prescriber;
 - (d) Signature or initials of adult present;
 - (e) Other comments.
- (2) Each school shall keep a bound book with consecutively numbered pages, in which shall be recorded in ink, the medication taken by a student and will show: the date, time of administration, the kind and quantity of medicinal preparation, the name of the prescribing physician, and the signature or initials of adult present.
- (3) If student refuses to take or spills medication, or medication is lost or has run out, such shall be recorded.
- (4) Recording cannot be altered; if an error occurs, a line is to be drawn through the entry and correct data recorded in line below and signed.
- (5) Such a record shall be available to representatives from the State Division of Public Health and/or State Department of Education.
- (6) Each record should be kept in a designated place for a period of time consistent with the New Hampshire Department of Education's records retention schedule.

D. Student Health Records

Physicians' written orders and the written authorization of parents or guardians should be filed with the student's cumulative health record and kept for a period of time as determined by the New Hampshire Department of Education's Records Retention Schedule. Health records concerning students who receive special education services should be retained as long as the student is in a special education program and there is district liability for the education of the student.

An appropriate summary completed at least once every school year for each medication prescribed and taken should become part of the student's health record.

The State law forbids any child for any reason to take medication without written permission of the child's Parent or legal Guardian. Permission slips are available in the Nurse's office.

PARENTAL REQUEST FOR GIVING PRESCRIBED MEDICATION AT SCHOOL

I request the Nurse or staff member assist my child,
_____ in

taking his/her prescribed medication prescribed,

(Name of Medication)

Prescription Number _____

Druggist _____

Prescribed by Dr. _____

For the period from _____ to _____

(Date) (Date)

(Not more than one month of prescribed medicine may be stored in school.)

The medication will be delivered directly to the School Nurse, Principal or designated staff member by the parent or guardian, if possible.

The medication will be delivered in a container properly labeled with the student's name, the physician's name, the date of original prescription, name and strength of medication and directions for taking by the student.

I, agree that by signing this request and "Hold Harmless" statement that I shall not hold liable any member of the school staff who is directed by me to assist my child in taking said medicine.

Signature _____
(Parent/Legal Guardian)

Date _____

School _____

See policy JLCD