**ST. TAMMANY PARISH PUBLIC SCHOOLS**
**SCHOOL NURSE PROGRAM**

**Medication Policy**

Illness and administration of medication among students is taken very seriously. Students who are sick cannot learn well. Proper medical attention and convalescence are important to the long-term health of students, the health of others at school, and student performance. When students must take medication at school, school personnel are very careful to ensure that students are properly treated with medication and that medication is not given to or used by students for whom the medication was not prescribed.

Parents are encouraged to work with physicians to schedule doses of medication that can be given at home for acute illnesses. Long-term illness and use of medication may require administration during school hours. In accordance with State law enacted to address the administration of all prescription and non- prescription drugs in schools, the St. Tammany Parish School Board has formulated the following regulations to be followed when a child must receive medication during school hours.

♦ No medication, including over-the-counter medication, may be administered to, or self-administered by, any student without an order from a Louisiana or adjacent state's licensed physician, dentist, or other authorized healthcare prescriber, and a letter of request and authorization from the student's parent or guardian.

♦ Only oral, pre-measured aerosols for inhalation, topical ointment for diaper rash, and emergency medications may be administered at school by unlicensed, trained personnel who are under the supervision of the certified school nurse.

♦ No medication, including over-the-counter medication, may be administered to, or self-administered by, any student unless the medication is provided to the school in a container that meets acceptable pharmaceutical standards.

♦ Only medications that cannot be administered before or after school hours may be administered at school.

♦ The parent or his/her designated adult is held responsible for delivering medication to the school and to the school employee designated to receive it. The parent or designated adult also is responsible for retrieving unused medication from the school.

♦ All medication not retrieved by a parent or designated adult will be destroyed one week after the expiration date or at the end of the school year, following notification of the parent.

♦ Self-administration of medication by a student with asthma or diabetes or the use of auto-injectable epinephrine by a student at risk of anaphylaxis, may be allowed provided the parent or legal guardian provides written authorization and submits from a licensed medical physician or other authorized healthcare prescriber written certification for the student to carry and self-administer such prescribed medications. The written certification from the healthcare prescriber must also include a written treatment plan for managing the health condition and verification of proper self-administration instruction. Self-administration of medication will be allowed if the certified school nurse verifies the student uses proper procedure and technique. A school nurse or trained employee may administer auto-injectable epinephrine to respond to a student's anaphylactic reaction.

♦ The initial dose of medication must be administered at home and sufficient time must be allowed for observation of adverse reactions before asking school personnel to administer the medication.

♦ Students who violate the medication policy and are found to be in possession of prescription drugs or a controlled substance not authorized under this policy shall be subject to disciplinary action found under the Uniform Discipline Code. Students found to be in possession of nonprescription or over the counter medications may be subject to disciplinary action.

Ref: LaRS 17:436.1

NOTE: The Medication Policy may also be found in the District Handbook for Students and Parents. The District Handbook for Students and Parents is posted on the website www.stpsb.org.

## MEDICATION ORDER AND TREATMENT PLAN FOR SCHOOL

### Part 1:  To Be Completed By Parent/Legal Guardian

Student Name: _____ DOB: _____

School: _____ Grade: _____ Homeroom: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

- I have reviewed and understand the attached Medication Policy for St. Tammany Parish Public Schools, and I am aware the Medication Policy is located in the District Handbook for Students and Parents at www.stpsb.org.
- I hereby give permission for the school nurse or the designated trained unlicensed personnel to administer medication at school as prescribed by the healthcare prescriber below.
- I give my permission for exchange of information related to the treatment plan between the school nurse and the healthcare prescriber, and between the school nurse and designated school personnel.
- Student Self-Administration of Medication _____ *(Parent initials required for authorization)*
  - I assume responsibility and give permission for my child to carry and self-administer emergency medications based upon authorization from the healthcare prescriber and the school nurse.
  - I understand that the St. Tammany Parish School Board, its employees and agents are to incur no liability related to the self-administration of medication.
- I understand that I must submit up-to-date documentation for each school year from the health care prescriber regarding the health care plan and/or medication to be administered at school.

Parent/Legal Guardian Name (Print): _____

Parent/Legal Guardian Signature: _____ Date: _____

### Part 2:  To Be Completed By Student (If Applicable)

- I have reviewed and understand the attached Medication Policy for St. Tammany Parish Public Schools, and I am aware the Medication Policy is located in the District Handbook for Students and Parents at www.stpsb.org.
- I assume responsibility for my actions in self-management of my medication at school.

Student Signature: _____ Date: _____

### Part 3:  To Be Completed By Authorized Healthcare Prescriber (Louisiana or Adjacent State)

- Each Medication Order must be written on a separate form.
- In most instances, the medication will be administered by trained unlicensed personnel.

DIAGNOSIS: _____

MEDICATION: _____ DOSAGE: _____

TIME:  ❑ Student's Lunch Time  ❑ Other: _____

DISCONTINUE DATE:  ❑ End of Current School Year  ❑ Other: _____

Desired Effect: _____

Possible Side Effects/Contraindications/Adverse Reactions: _____

List Other Medications Taken Outside of School: _____

Student Allergies: _____

Student Self-Administration of Medication for School (Asthma, Diabetes, or Anaphylaxis):
- I authorize the student to carry and self-administer the prescribed medication and verify the student received proper self-administration instruction.   ❑ Yes  ❑ No

Licensed Prescriber Name (Print): _____

Licensed Prescriber Signature: _____ Date: _____

Licensed Prescriber Address: _____ Phone: _____ Fax: _____

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