

Dear Parents or Guardians,

Enclosed is our policy and procedure, as well as documentation explaining how the medication will be stored and available during school hours. It annotates the proper procedure for dropping off and picking up medications.

There is a form enclosed that needs to be filled out by a medical provider and returned back to the school. A copy of the form will be kept in the nurse's office and in the main office. A log of medication use per drug will be kept in the main office to ensure the safety of the student and monitor usage.

Thank you very much for your patience and understanding regarding the medication process. If you have any questions or concerns, please contact me at 412-922-7400, ext. 218 or email me at daileyn@bishopcanevin.org. Have a blessed day!

Thank you for your time and attention,

Nicole E. Dailey, BSN, RN
BCHS School Nurse

Consent for Administration of Medication and Medical Order

Your patient has requested that a prescription or an over the counter medication be taken at school. Most medications should be administered at home unless there is a specific lunchtime dose or the medication is an emergency for PRN medication (ex: asthma or migraine medications).

All medications taken at school must have a parental consent for administration, a medical order, and be in the original pharmacy labeled container.

*****To be completed by parent*****

Student's name	DOB	<u>Bishop Canevin</u> School	Grade
-----------------------	------------	----------------------------------------	--------------

I understand fully the directions that have been given to the school by the health care provider and agree to permit the school to administer the medication as directed or to monitor the self-administration of the medication by my child. In consideration of Bishop Canevin's High School agreement to use good faith efforts to follow the health care provider's instructions, Bishop Canevin's High School Staff is hereby relieved from liability for any failure to properly administer or monitor the self-administration of the medication.

I hereby authorize the Bishop Canevin's High School Health Staff to contact the medical provider regarding this medication and release information regarding my child to said provider. I hereby authorize the medical provider to release information about my child and this medication to the School Health Staff regarding any medical concerns about this medication order.

I understand that in order to protect the limited confidentiality of medical information, my agreement to release information is necessary and that this permission is limited for the purpose and to the person or entity listed above, and will be effective for the present school year. I understand that the disclosed information will be kept confidential and the releasing facility will not be responsible for the re-disclosure of the information. I also understand that this consent is revocable with written, or if necessary, verbal notice, except to the extent that action has been taken in reliance thereon.

<input checked="" type="checkbox"/> _____ Signature: parent/guardian/legal rep.	<input checked="" type="checkbox"/> _____ Print: parent/guardian/legal rep.	<input type="checkbox"/> _____ Date
-------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------	-----------------------------------------------

*****To be completed by medical provider*****

Diagnosis _____ Dose, Route, Schedule _____
Medication _____ Length of treatment _____
PRN (indications and timing) _____
List serious reactions to medication _____
List appropriate response to above reactions _____

<input checked="" type="checkbox"/> _____ Medical provider's signature	<input checked="" type="checkbox"/> _____ Print name	<input type="checkbox"/> _____ Date
----------------------------------------------------------------------------------	----------------------------------------------------------------	-----------------------------------------------

Address and ZIP	Phone #	Fax #
------------------------	----------------	--------------

Medication

Students are not permitted to carry prescriptive or over-the-counter medication with them during school except for an epinephrine injection, a rescue inhaler, insulin, and glucose tablets. It is advisable that all medications be given at home and that medical providers are urged to schedule the administering of medication before or after school hours.

When medication must be administered during school hours, the following procedures will be followed:

Prescription Medication:

1. All medication should be taken to the Main Office clearly marked with the student's name on the container provided by the pharmacist.
2. The container must include:
 - a. Student's name
 - b. date issued
 - c. dosage of medication
 - d. schedule of administration
3. Guardian must deliver medication and medication consent form in which a health care provider has signed to main office.
4. Guardian must pick up medication if/when discontinued.
5. If student administers epinephrine injection, rescue inhaler, insulin, or glucose tabs, they must notify appropriate personnel immediately.
6. For ALL medications (prescriptive and over-the-counter) taken in school, parents must have a signed document from a licensed health provider including the information provided on container with the addition of medical reason.

Over-the-counter medication (Aspirin, Tylenol, Ibuprofen, Cold medication):

- a. No medication will be supplied or dispensed by school personnel other than the school nurse.
- b. The school nurse will contact guardian for permission of administration before dispensing any over-the-counter medication if consent form was not rendered.
- c. As needed medications need to be in original packaging and sealed when dropped off by guardians.

Administration of Medication During School Hours - 560.06

Page: 1 of 2

PURPOSE: To regulate the administration of medication during school hours

APPLICABILITY: All Catholic schools in the Diocese of Pittsburgh

DEFINITIONS: Medication – any substance or over-the-counter drug prescribed by a physician in writing

POLICY AND PROCEDURE

- A. Medication should be given at home, and physicians should be asked to change the schedule for the administration of medication so that it can be given before and after school hours.* However, when medication must be administered during school hours in an emergency situation, a written procedure for student self-administration and storage of medication is required to ensure student safety and to mitigate any liability of the school and school personnel. Each school must prepare its own written policy concerning the self-administration of medication by students; however, schools are to adopt a policy prohibiting the distribution of medication to students by any school personnel other than an RN or LPN. All medications shall be administered by a registered nurse, a licensed practical nurse, or by the parent or their designee. The only exception would be emergency medication which can be self-administered, such as an epi-pen or asthma inhaler.

Policy should be made known to all school personnel and parents.

Students requiring a fast-acting inhaler, such as albuterol for asthma or epinephrine for life-threatening allergies may be self-administered. Students may carry their own medication and administer it during the school day as ordered by their licensed prescriber and authorized by their parent and school.

An order from a licensed prescriber for the medication, including a statement that it is necessary for the student to carry the medication and that the student is capable of self-administration, is required before the student may carry the medication on his/her person. A student needing to self-carry emergency medications should have an emergency care plan or a similar form completed by their healthcare provider. Before allowing a student to self-carry medication, the nurse assigned to the school will ensure that the student is competent in self-care through demonstration of administration skills and responsible behavior. The student must notify administration immediately following each use.

- A.1. When possible, school personnel should supervise the student's self-administration of medication.
- A.2. Stored medications administered by a RN, LPN or parent must be in a secure locked location. Students should never be given access to this location.

Administration of Medication During School Hours - 560.08

Page 2 of 2

- A.3. The medication should be delivered to the school by the parent, guardian or other *responsible adult along with the treating physician's written documentation relative to the diagnosis, prescribed medication, dosage and instructions for the student's self-administration of the medication.*
- A.4. Medication brought to school must be in a container labeled by a pharmacist or doctor. The label must include the student's name, the name of the physician, date of prescription, dosage, and frequency of administration.
- A.5. If the student is not carrying the epi-pen or inhaler, a specific staff member should be given the responsibility of distributing medication to students for self-medication.
- A.6. A record book must be maintained indicating the student's name, the name of the medication, the date and time of distribution to the student for self-medication, and the identity of the person distributing medication to the student for self-medication. This record must be marked every time medication is dispensed.

NOTE: *The Pennsylvania Department of Health, "Guide for School Nursing Services in Pennsylvania," states that medication should be given by school nurses only as prescribed by a physician. A legal opinion of the Pennsylvania Department of Justice states, "Except in truly emergency situations, teachers may not administer individually prescribed medications."