

## STUDENTS

### Administering Medication

- I. Medications should be taken at home whenever possible so that the student does not lose valuable classroom time.
- II. If it is absolutely necessary for the student to take medication at school, the Authorization for Medication Administration form (Attachment I) must be received for each medication and must be submitted to the health office staff prior to the medication being given at school. The appropriate Health Treatment Plan (HTP) for asthma, allergy, seizure, and diabetes medications must be completed. **Medications will not be accepted without receipt of the appropriate form.**
- III. The health office staff are Unlicensed Assistive Personnel (UAP). The UAP's must be Medication, Insulin/Glucagon, CPR, and First Aid trained. There will be three staff members (other than the school nurse) in each building trained to administer medication.
- IV. The health office staff **must** have written instructions from the health care provider to administer prescription medications. The Authorization for Medication Administration form is preferred, but the healthcare provider may use office stationary or a prescription pad with the following information:
  - A. Student's name and date of birth;
  - B. Name and purpose of medication;
  - C. Dosage, time, and route of administration;
  - D. Duration of medication order and effective dates;
  - E. Possible side effects/actions to take if these occur; and
  - F. Health care provider signature and date.
- V. Medications must be brought to the health office and signed by a parent/guardian. Students with diabetes, asthma, or life-threatening allergies may carry life-saving medications (insulin, Glucagon, inhaler, Epinephrine Auto-Injectors) throughout the school day in accordance with their approved HTP or medical authorization. Otherwise, students are not permitted to transport medications to and from school or carry any medication while in school.
- VI. Medication Containers
  - A. Prescription medications – Medications must be in the original pharmacy bottle with proper label containing:

1. Student's name;
  2. Name of medication;
  3. Time to be given;
  4. Dose/amount to be given; and
  5. Name of health care provider.
- B. Non-prescription medications (over-the-counter) must be in the original sealed package with the name of the medicine, instructions, and must not have exceeded the expiration date.
- C. The school will not be responsible for lost or spilled medications.
- VII. Prescription information on the bottle label must match the health care provider information on the Authorization for Medication Administration form. The pharmacy can provide a properly labeled bottle for school.
- VIII. Staff will not cut or break pills. Parents/guardians should cut/break pills or request the pharmacy to cut pills into the correct dose.
- IX. The first dose of any **new** medication must be given at home.
- X. Medications will be given no more than 30 minutes before or after the prescribed time.
- XI. Non-prescription medication will only be administered according to directions on the label. If a higher/lower dosage is required, the Authorization for Medication Administration form must be signed by the health care provider.
- XII. Medication kept at school will be stored in a locked area of the health office accessible only to authorized school personnel during school hours.
- XIII. The student is to go to the health office or to a pre-determined location, at the prescribed time to receive medication. Parents/guardians should develop a plan with the student to ensure that the student goes to the health office at the appropriate time.
- XIV. A new Authorization for Medication Administration form is required at the start of each school year, and each time there is a change in the dosage or time at which a medication is to be taken.
- XV. Parents/guardians should not bring in more than a 60-day supply of prescription medicine at a time.

- XVI. **Unused medications must be picked up by a parent/guardian on or before the last day of school or it will be destroyed.**
- XVII. Exceptions to these regulations may be necessary depending on individual circumstances. Exceptions may only be authorized by the principal, supervisor of School Health Services, or school nurse, in collaboration with the health care provider and/or parent/guardian.
- XVIII. Students may carry and appropriately use non-medicated products. For the comfort and safety of others, spray or aerosol products are not to be used. Any herbal or natural alternative medications (botanicals, oils, dietary or nutritional supplements, homeopathic medicine, phytomedicinals, vitamins, and minerals) require an Authorization for Medication Administration form signed by the health care provider and parent/guardian.
- XIX. Field trips – Current approved HTP’s are acceptable for all field trips.
- A. Appropriate school staff (i.e., principal or designee) shall notify the school nurse at least 10 days prior to the field trip so medication can be prepared.
  - B. The Medication Permission Form For Extended Day/Overnight Field Trips (Attachment II) must be completed and brought to the school nurse at least five school days before the field trip. Medications brought after this time will not be accepted. Extended day field trips are trips returning to school after the dismissal bell.

The Associate Superintendent for Student Learning and Accountability (or designee) is responsible for implementing and monitoring this regulation.

This regulation and related policy shall be reviewed at least every five years and revised as needed.

PRINCE WILLIAM COUNTY PUBLIC SCHOOLS  
AUTHORIZATION FOR MEDICATION ADMINISTRATION

Medication  
Expiration  
Date:

**Student Information: Parent/Guardian to Complete**

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Has the student taken this medication before?  Yes  No

If no, the first full dose must be given at home to decrease the risk of student having a negative reaction at school. First dose was given: Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Prescription Medication: Health Care Provider to Complete (one form for each medication)**

Name of medication: \_\_\_\_\_

Diagnosis/condition for which medication is being administered: \_\_\_\_\_

Dosage: \_\_\_\_\_ Route: \_\_\_\_\_ Time of administration: \_\_\_\_\_

Length of time:  School year  Other: \_\_\_\_\_

Possible side effects:  None expected  Specify: \_\_\_\_\_

**Health Care Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Health Care Provider **Printed** Name/Stamp: \_\_\_\_\_

Health Care Provider Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Health Care Provider Address: \_\_\_\_\_

**Over-the-Counter Medication: Parent/Guardian to Complete (one form for each medication)**

Name of medication: \_\_\_\_\_

Reason medication is to be given: \_\_\_\_\_

Dosage: \_\_\_\_\_ Route: \_\_\_\_\_ Time of administration: \_\_\_\_\_

Length of time:  School year  Other: \_\_\_\_\_

Possible side effects:  None expected  Specify: \_\_\_\_\_

**Parent/Guardian Authorization**

My signature gives permission for the principal's designee to administer prescribed/over-the-counter medication and gives the principal's designee permission to contact the health care provider if necessary. I also agree to pick up any unused medication at the end of the school year. I understand that medication not picked up by a parent/guardian at the end of the school year will be discarded. I have read the procedures and assume responsibility as required.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To Be Completed with Health Office Staff**

Medication received (amount/description): \_\_\_\_\_

Medication received: \_\_\_\_\_ / \_\_\_\_\_  
Health Office Staff Signature/Date Parent/Guardian Signature/Date

Medication picked up by: \_\_\_\_\_ **Date:** \_\_\_\_\_  
Parent/Guardian Signature

Medication Permission Form  
For Extended Day/Overnight Field Trips  
(One form for each medication)

All medications and forms for extended day and overnight field trips must be brought to the school nurse at least five school days before the field trip. Medications brought after this time will not be accepted. Any prescribed medication that must be administered during an extended day/overnight field trip requires this form to be completed and signed by a health care provider and parent/guardian. Any over-the-counter medication requires a parent/guardian signature and must be received in a new, sealed container (smallest container possible). The required medications shall come in the original container with proper labeling. This permission form is valid for the current field trip only. Medications may only be given by a Prince William County Public Schools (PWCS) employee unless an accompanying parent/guardian administers it to their own child.

Date:	
Student Name:	Date of Birth:
Teacher/Homeroom:	
Name of Medication:	Count of pills received:
Diagnosis:	
Dosage:	Route:
Time to be administered:	
Allergies:	

I hereby authorize the exchange of this information with my health care provider as needed to carry out the treatment or health care of my child. I/We hereby release PWCS and all of its employees of and from any and all liability in law for damages either we or our child may incur as a result of this request.

Physician's name: \_\_\_\_\_ Physician's signature: \_\_\_\_\_  
Physician's phone number: \_\_\_\_\_  
Parent/guardian signature: \_\_\_\_\_  
Phone number: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Parents are requested to pick up any leftover medication at the end of the field trip. Medications that are left after this time will be discarded.