

Cuyahoga Valley Career Center Bylaws & Policies

5330 - USE OF MEDICATIONS

The Board of Education shall not be responsible for the diagnosis and treatment of student illness. The administration of prescribed medication and/or medically-prescribed treatments to a student during school hours will be permitted only when failure to do so would jeopardize the health of the student, the student would not be able to attend school if the medication or treatment were not made available during school hours, or if the child is disabled and requires medication to benefit from his/her educational program.

For purposes of this policy, "medication" shall include all medicines including those prescribed by a licensed health professional authorized to prescribe drugs and any nonprescribed (over-the-counter) drugs, preparations, and/or remedies. "Treatment" refers both to the manner in which a medication is administered and to health-care procedures which require special training, such as catheterization.

Before any prescribed medication (i.e., a drug) or treatment may be administered to any student during school hours, the Board shall require a written prescription from the child's physician accompanied by the written authorization of the parent (see Form 5330 F1). Before any nonprescribed medication or treatment may be administered, the Board shall require the prior written consent of the parent along with a waiver of any liability of the District for the administration of the medication (see Form 5330 F1a). These documents shall be kept in the office of the clinic secretary, and made available to the persons designated by this policy as authorized to administer medication or treatment. A copy of the parent's written request and authorization and the prescriber's written statement must be given, by the next school day following the District's receipt of the documents, to the person authorized to administer drugs to the student for whom the authorization and statement have been received. No student is allowed to provide or sell any type of over-the-counter medication to another student. Violations of this rule will be considered violations of Policy 5530 - Drug Prevention and of the Student Code of Conduct/Discipline Code.

Only medication in its original container; labeled with the date, if a prescription; the student's name; and exact dosage will be administered. The Superintendent shall determine a location in each building where the medications to be administered under this policy shall be stored, which shall be a locked storage place, unless the medications require refrigeration in which case they shall be stored in a refrigerator in a place not commonly used by students.

Parents or students authorized in writing by their physician and parents, may administer medication or treatment but only in the presence of an adult designated school employee.

Additionally, students may administer medication or treatment to themselves, if authorized in writing by their parents and a licensed health professional authorized to prescribe drugs but only in the present of a designated school employee.

However, students shall be permitted to carry and use, as necessary, an asthma inhaler, provided the student has prior written permission from his/her parent and physician and has submitted Form 5330 F3, Authorization for the Possession and Use of Asthma Inhalers/Other Emergency Medication(s), to the director and any school nurse assigned to the building.

Additionally, students shall be permitted to carry and use, as necessary, an epinephrine autoinjector to treat anaphylaxis, provided the student has prior written approval from the prescriber of the medication and his/her parent/guardian, if the student is a minor, and has submitted written approval (Form 5330 F4, Authorization for the Possession and Use of Epinephrine Autoinjector (epi-pen)) to the director and any school nurse assigned to the building. The parent/guardian or the student shall provide a back-up dose of the medication to the director or school nurse. This permission shall extend to any activity, event, or program sponsored by the school or in which the school participates. In the event epinephrine is administered by the student or a school

employee at school or at any of the covered events, a school employee shall immediately request assistance from an emergency medical service provider (911).

Only employees of the Board who are licensed health professionals or who have completed a drug administration training program conducted by a licensed health professional and are designated by the Board may administer prescription drugs to students in school.

Provided they have completed the requisite training, the following staff are authorized to administer medication and treatment to students:

- A. principal
- B. teacher
- C. building secretary
- D. aide
- E. others as designated by student's IEP and/or 504 plan

No employee will be required to administer a drug to a student if the employee objects, on the basis of religious convictions, to administering the drug.

Additionally the Board shall permit the administration by a licensed nurse or other authorized staff member of any medication requiring intravenous or intramuscular injection or the insertion of a device into the body when both the medication and the procedure are prescribed by a physician and the nurse/staff member has completed any and all necessary training.

Students who may require administration of an emergency medication may have such medication in their possession upon written authorization of their parent(s) or, such medication, upon being identified as aforementioned, may be stored in the high school operations office and administered in accord with this policy.

All dental disease prevention programs, sponsored by the Ohio Department of Health and administered by school employees, parents, volunteers, employees of local health districts, or employees of the Ohio Department of Health, which utilize prescription drugs for the prevention of dental disease and which are conducted in accordance with the rules and regulations of the Ohio Department of Health are exempt from all requirements of this policy.

The Superintendent shall prepare administrative guidelines, as needed, to address the proper implementation of this policy.

R.C. 3313.712, 3313.713, 3313.716, 3313.718, 4729.01

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AUTHORIZATION FOR PRESCRIBED MEDICATION OR TREATMENT

To the Parent:

THE FOLLOWING INFORMATION IS NECESSARY FOR ANY STUDENT TO USE PRESCRIBED MEDICATIONS OR TO RECEIVE TREATMENT IN SCHOOL. ALL SPACES MUST BE COMPLETED.

_____	_____
Name of Student	Address
_____	_____
School	Grade

A. I am requesting permission for my child named above to: (Check all that apply)

- _____ use or receive prescribed medication
- _____ receive prescribed treatment
- _____ self-administer prescribed medication(s) in my presence or that of an authorized staff member

in accordance with the Doctor's prescription.

B. I will assume responsibility for safe delivery of the medication to school.

C. I will notify the school immediately if there is any change in the use of the medication or the prescribed treatment.

D. I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability foreseeable or unforeseeable for damages or injury resulting directly or indirectly from this authorization.

Signature of Parent

Date

Home Telephone

Work Telephone

AUTHORIZATION FOR THE POSSESSION AND USE OF EPINEPHRINE AUTOINJECTOR
(EPI-PEN)

Student Name: _____ Date: _____

Address: _____

Name of Medication in Autoinjector: _____

Dosage: _____

Date the administration is to begin: _____

Date the administration is to cease: _____

Prescriber must acknowledge one of the following (please initial):

The student is capable of possessing and using the autoinjector: Yes _____ No _____
The student has been trained on the proper use of the autoinjector: Yes _____ No _____

The autoinjector should be used in the following circumstances: _____

Procedure to follow if student is unable to administer the anaphylaxis medication: _____

Procedure to follow if the medication does not produce the expected relief from the student's anaphylaxis: _____

Adverse reactions that should be reported to the prescriber: _____

Adverse reactions for unauthorized user: _____

Other special instructions: _____

AUTHORIZATION FOR THE POSSESSION AND USE OF ASTHMA INHALERS

Student Name: _____ Date: _____

Address: _____

Authorization is hereby given for the student named above to:

receive the prescribed medication indicated from the designated school personnel.

self-administer the prescribed medication as permitted by law.

Medication Name: _____

Dosage: _____

Date the administration is to begin: _____

Date the administration is to cease: _____

Adverse reactions that should be reported to the physician: _____

Adverse reactions for unauthorized user: _____

Procedure to follow in the event that medication does not produce the expected relief from student's asthma attack: _____

Other special instructions: _____

Physician and parent/guardian names, signature, and emergency phone numbers are required.

Physician name: _____ Phone: _____

Signature: _____ Date _____

Parent/guardian name: _____ Phone: (Home) _____
(Work) _____
(Other) _____

Signature: _____ Date _____

Copies must be provided to Director and to the School Nurse if one is assigned to the student's building.

Prescriber and parent/guardian names, signature, and emergency phone numbers are required.

Prescriber Name: _____ Phone: _____

Signature: _____ Date: _____

Parent/Guardian Name: _____ Phone: (Home) _____

(Work) _____

(Other) _____

Signature: _____ Date: _____

Other Emergency Contact Name: _____ Phone: _____

Parent/Guardian (or student if eighteen (18) or over) must acknowledge one (1) of the following (please initial):

The director or school nurse (if one has been assigned to the student's building) has been provided with a backup dose of the student's medication: Yes _____ No _____

Director or school nurse must acknowledge one of the following (please initial):

I have received a backup dose of the student's medication: Yes _____ No _____

Copies must be provided to the director and to the school nurse if one is assigned to the student's building.

8/30/07