

FRANKLIN CENTRAL SUPERVISORY UNION AND ITS MEMBER SCHOOL DISTRICTS

COMMON PROCEDURE FOR STUDENT MEDICATION F6

The member districts of Franklin Central Supervisory Union shall have procedures in place to ensure compliance with laws and regulations governing the possession, administration and storage of prescription and non-prescription medications needed by students at school or during school sponsored activities.

Implementation

The Superintendent (or designee) will develop procedures governing the possession, administration and storage of medication needed by any student during the regular school day or during school sponsored activities. The procedures will comply with the following:

1. Medication may be given by the school nurse, or a person designated and trained by the school nurse, upon written orders from a physician, and upon written request of a student's parent or guardian that the School District comply with the physician's order. The physician's orders must detail the name of the drug, dosage, time interval the medication is to be taken, diagnosis and reason for giving.
2. Medication must be brought to school in a container labeled by the pharmacy or physician and stored by the school nurse or his or her designee in a secure storage place.
3. Students with life threatening allergies or with asthma, whose parents or guardians comply with all of the requirements of Act 175 of 2008, shall be permitted to possess and self-administer emergency medication at school, on school grounds, at school-sponsored activities, on school-provided transportation, and during school-related programs.¹
4. Non-prescription medication must be accompanied by a written request from the parent or guardian of a student bringing such medication to school. The request must contain assurances that the student has suffered no previous ill effects from the use of medication. Medication must be left in the custody of the school nurse.
5. The school shall provide an opportunity for communication with the pupil, parent or guardian, and physician regarding the efficacy of the medication administered during school hours. In the case of medication possessed by students with life threatening allergies or with asthma, the school shall provide forms for parents to submit authorizing possession of the medication and releasing the school from liability as a result of any injury arising from the student's self-administration of the emergency medication.²

¹ See, 16 V.S.A. § 1387(b). Parents must provide annual written authorization and documentation from the student's physician as to the need for emergency medication. Parents must also annually develop, in consultation with the school nurse or designee, a plan of action for the school and student to follow when possessing emergency medication, and must sign a statement releasing the school and its agents from liability as a result of any injury arising from the student's self-administration of the emergency medication.

² See, 16 V.S.A. §1387(b)(1) and §1387(d).

Sample Parental Authorization Form

As the parent (or guardian) of _____, I hereby authorize my child to possess and self administer emergency medication at school, on school grounds, at school sponsored activities, on school provided transportation, and during school-related programs.

As documented by the attached physician's statement, my child has (name the specific life-threatening allergies or asthma applicable to this authorization), and is capable of, and has been instructed by the physician in, properly self-administering the emergency medication named by the physician.

As further documented by the attached physician's statement, my child has been advised of possible side-effects of the medication and has been informed of when and how to access emergency services.

The attached plan of action, developed specifically for the _____ school year in consultation with the school nurse, is based on the documentation provided by the physician's statement and includes the name of each emergency medication, the dosage, and the times and circumstances under which the medication is to be taken. The plan of action also indicates that the medication is solely for the use of my child, and includes the names of individuals who will be given copies of the plan. I understand that one of requirements of the plan is that my child will notify a school employee or agent after self-administering emergency medication.

As required by Act 175 of 2008, I hereby release the school, its employees and agents, including volunteers, from liability as a result of any injury arising from my child's self-administration of emergency medication, except when the conduct of the school, school employee, or agent would constitute gross negligence, recklessness or intentional misconduct.

Signed on _____ (Date) _____ at _____ (City or Town and State) _____

by _____ (Parent or Guardian) _____.

Witnessed by _____ Dated _____