

MEDICATION PROCEDURES

The Certified School Nurse will determine which school personnel will administer medication. The Certified School Nurse will follow delegation criteria for selection, training and supervision of other school personnel who administer medication for students.

Prescription Medication:

1. Medication must be brought to school with a signed physician or prescribing healthcare provider order, and the parent/guardian signature, in the original pharmacy labeled container.
2. When the student comes to the office for his/her medication, the person administering the medication will:
 - a) check the student's name for identification purposes (even if the student is well known to the person administering the medication);
 - b) check the name on the medicine container for match and read instruction;
 - c) watch him/her take the medication;
 - d) observe the side effects for 1-2 minutes; and
 - e) record that medication was given, with date, time, and initials of the person administering the medication on student's individual medication sheet. All recording is to be in ink. Completed forms will be filed in the student's permanent health record.

Non-prescription Medication:

1. Parents may request in writing that non-prescription medication be administered by school personnel. This request will be valid for 2 consecutive days. The medication must be provided in the original labeled container. Long term non-prescription medications must be accompanied by a signed physician order.
2. The procedures for administering non-prescription medication will be identical with those prescribed in #2 above.
3. The school reserves the right not to administer medications when such actions are deemed to be potentially harmful to a student. In such instances, the parent will be notified that they may come to school to give the medication.
4. The administering of cough drops, lozenges, or similar medications is specifically excluded because of the potential choking hazard.
5. Acetaminophen and Ibuprophen may be administered at the Middle School and High School with an annually renewed written parent/guardian signature. Medication must be delivered to school in its original container.

BURLINGTON SCHOOL DISTRICT

Request for Administering Medication by School Personnel

[No medication will be given at school until the school receives this completed form with the necessary signatures and the prescribed medication in a container appropriately labeled by the pharmacy or physician. No first dose of any medication will be given at school. Long-term medications must be renewed at the beginning of each school year.]

Name of Student _____

School _____ Grade _____

Medication _____

School Dosage _____

Daily Medication Schedule _____

Reason for giving _____

I give permission for the health office to contact the health care provider about medication administration, if needed.

Date

Signature of Parent or Guardian

FOR PRESCRIPTION MEDICATION ONLY

I hereby request that _____ be given the above prescription at school as ordered.

Date _____

Signature of Physician

Special Instructions _____

Burlington Public Schools
Health Program

Special Plan for _____ Asthma: Carrying an Inhaler in School

It is developmentally appropriate for many high school students with asthma to carry their medicated inhaler with them and assume responsibility for self-administration. However, because of the unique nature of the school environment and the potential seriousness of an asthma exacerbation, the following must be clearly understood:

- . The student who wishes to carry an inhaler must file the appropriately signed form in the Health Office, and provide a “back-up” inhaler to be kept in the Health Office in case of emergency.
- . The student is responsible for replacing the inhaler if it is lost/stolen;
- . The student is responsible for not allowing other students to use the inhaler;
- . The student is responsible for only using the inhaler as prescribed (see below);
- . If the inhaler does not give appropriate relief of symptoms, the student must report to the Health Office immediately;
- . Except for exercise-induced asthma, the use of an Albuterol, Ventolin or Proventil inhaler is a “rescue” medication to be used on an “as needed” basis, as instructed by the student’s health care provider. Anything more than occasional use can be a warning sign that the asthma is worsening. The student should report such use to the Health Office, parent/guardian and health care provider;
- . The student and parent/guardian must be aware that inappropriate, excessive use of an Albuterol, Ventolin or Proventil inhaler can cause “shakiness” and fast heart rate, and can lead to potentially fatal cardiac arrhythmia and respiratory failure.

Type of Inhaler _____

Instructions for Use _____

Health Care Provider’s Signature

I have read and agree with the above.

Student’s Signature

Parent/Guardian Signature