



# School District of Indian River County

Vision: Educate and inspire every student to be successful

Mission: To serve all students with excellence



## Medication Procedures Parent's Handbook 2019-2020



**If you have any questions or concerns about medications or School Health Services, please contact your child's Health Assistant or the Coordinators of School Health Services at the numbers below.**

<b>School</b>	<b>Health Room #</b>
District Coordinator of School Health Services	564-5940
Assistant Coordinator of School Health Services	564-5947
Alternative Center for Education	564-6247
Beachland Elementary	564-3348
Citrus Elementary	978-8352
Dodgertown Elementary	564-4105
Fellsmere Elementary	564-5973
Gifford Middle	564-3570
Glendale Elementary	978-8053
Indian River Academy	564-3398
Liberty Magnet	564-5302
Osceola Magnet	564-5826
Oslo Middle	564-4025
Pelican Island Elementary	564-6499
Rosewood Magnet Elementary	564-3886
Sebastian Elementary	978-8259
Sebastian River Middle	564-5198
Sebastian River High	564-4282
Storm Grove Middle School	564-6338
Treasure Coast Elementary	978-8502
Vero Beach Elementary	564-4554
Vero Beach High School	564-5525
VBHS – Freshman Learning Center	564-5712
Wabasso	978-8005

## **Medication Procedures For the School District of Indian River County**

The school board shall not be responsible for the diagnosis and treatment of student illness.

**In order to assist students with medication, the following criteria must be met:**

- 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.
- The Medication Permission Slip is signed by the student's parent/legal guardian, prior to medication being accepted on campus.
- A recent photo of the student is submitted.
- The Physician's Authorization For Daily Medication and/or Physician's Authorization For As Needed Or Emergency Medication or other licensed healthcare provider order is provided.
- Medications must be in the original container with the student's name, dosage, directions for administration and current date.

For these purposes, "**medication**" shall include all medicines including those prescribed by a physician/health care provider and any non-prescribed (over-the-counter) drugs, preparations, and/or remedies, herbal products, cough drops, medicated throat lozenges and vitamin supplements.

**Every school year** a new prescription from the physician/health care provider must be obtained, along with a new health care provider order or Physician's Authorization For Daily Medication and/or Physician's Authorization For As Needed Or Emergency Medication along with a new Medication Permission Slip signed by a parent/guardian. Parents/guardian may bring up to a month's supply of medication to school. **Sharing of medication(s) is prohibited - including between siblings in the same school.**

Medication will be locked up in the health room at all times (with the exception of students with the authorization to self-carry). Notification will be made by phone or in writing (last known address) to the parent/legal guardian to pick up outdated or discontinued medication.

Health Assistants/designated school personnel are authorized under Florida Statute 1006.062, to assist students with medication on school property provided that:

- They have completed a formal instructional class on assisting students with medication offered by the Coordinator of School Health Services and/or designated personnel.
- A Medication Permission Slip has been completed, signed, and dated by the student's parent/legal guardian.
- A recent photo, the Medication Permission Slip and either a healthcare providers order or the Physician's Authorization For Daily Medication and/or Physician's Authorization For As Needed Or Emergency Medications (forms included in this handbook). A prescription or pharmacy label is not a substitute for a healthcare provider order.

**All of the above steps must be completed prior to the student having or receiving any medication during school hours or on field trips.**

Medications meeting the above criteria must be supplied for the student and brought to school by the parent/legal guardian.

### **Prescription Medication**

Prescription medication must be received in a pharmacy-labeled container with the following information:

- ✓ Student's name
- ✓ Physician/other appropriate practitioner and phone number
- ✓ Pharmacy's name and phone number
- ✓ Name of medication
- ✓ Dosage in milligrams
- ✓ Time of day to be taken (frequency--**as directed is not acceptable**)
- ✓ For specific symptoms if giving emergency medication
- ✓ Route of administration (by mouth, topical, injection)
- ✓ Duration of medication – Until change or stop order is received or until stop date noted on medication.
- ✓ A maximum of a 30-day supply will be accepted.

Students are **not** allowed to have medication in their possession on school property, on the school bus or while attending any school-sponsored activity *except* for emergency medication such as: asthma inhalers, epinephrine auto-injectors, diabetic testing/treatment supplies, and/or pancreatic enzymes or any other approved emergency medication prescribed for the student, by a physician. In order to carry emergency medication, the following criteria must be met:

- ✓ A Medication Permission Slip has been completed and signed by the student's parent/legal guardian.
- ✓ Parental Authorization for Students to Carry and Self Administer Prescribed Medication(s) and Physician's Authorization For Daily Medication and/or Physician's Authorization For As Needed Or Emergency Medication form must be completed. (Forms are included in this handbook.)

**Prescription medications that are past the pharmacy discard date or manufacturer's expiration date are considered expired medications. Expired or discontinued medication will be destroyed within 7 days after notification. Any remaining medication at the end of the school year will be destroyed if not picked up by the last day of school.**

If a medication is lost and found, it will be destroyed.

### **Non-Prescription (Over-the-counter) Medication**

**Acetaminophen (Tylenol)** may be given to *Middle and High School students* without a physician's order providing the following criteria are met:

- ✓ The Tylenol must be in an unopened bottle of 325mg or 500mg strength and brought in by the parent/guardian. No more than a small bottle of medication with 30 or less tablets will be accepted. Unit dose packages of acetaminophen are acceptable in lieu of bottled medication.
- ✓ An OTC Medication Authorization Form must be filled out and signed by the parent/guardian.
- ✓ A Medication Permission Slip must be filled out and signed by the parent/guardian. (Forms are included in this handbook)

Any other non-prescription medication **must** have a doctor's order/prescription for use and a completed and signed Medication Permission Slip. It also must be received in its original container, unopened, and be labeled with the student's name. The only over-the-counter medications to be stored are those medically prescribed for specific students. Those medications will be kept in the locked medication cabinet in the health room.

## **Medical Equipment**

**If a student is required to use a wheelchair, crutches or the elevator due to injury or illness, a doctor's order is required and parent is to provide the crutches or wheelchair.**

Discharge instructions from an emergency room visit that specify limitations will be accepted for a two week period unless otherwise specified by the ER physician. After the two week period, a physician's order will be required to continue treatment, including the use of crutches, wheelchairs, and/or an elevator pass due to injury or illness.

## **MEDICATION ADMINISTRATION DURING OFFICIAL SCHOOL BUSINESS FIELD TRIPS**

This procedure protects the safety and wellbeing of students who require medication administration by a trained staff in accordance with FL Statute 1006.062.

### **PRESCRIPTION MEDICATION REQUIREMENTS**

**Medications are only permitted when failure to do so would jeopardize the health of the student.**

This includes emergency medication such as epi pens, inhalers, pancreatic enzymes, diastat, diabetic supplies, Dramamine/or generic equivalent for motion sickness and/or necessary daily medication for a chronic medical condition.

- A completed Physician's Authorization Medication Form for each medication.
- All medication must be in the original container. The medication label must include: name of student, name of drug, dosage, time of day to be taken, name of the prescribing physician and a current date within the last year.
- Diabetic students attending school sponsored activities outside of school hours and/or overnight field trips require a completed Field Trip Diabetes Management Medication Form filled out by the student's healthcare provider.

### **THE FOLLOWING PROCEDURES MUST BE FOLLOWED**

1. The Principal or his/her designee, of school-authorized activities/field trips, is responsible for notifying the Health Assistant of a planned field trip as soon as they have a confirmed date.
2. A minimum of a 10 school-day notice is required to ensure that the school personnel have adequate time to receive child specific training to care for the student with special health needs.

3. Health assistant will copy the Medication Permission Slip for each student scheduled to go on a field trip. These copies may be used repeatedly throughout the year if all information remains the same.
4. Health Assistants are responsible for receiving ALL field trip medications (this includes day and overnight trips) from the parents.
5. Parents must bring in all necessary medication with corresponding Physician's Authorization for Medication Form within 5 days of field trip.
6. Health Assistants will ensure that all medication and paperwork is completed and stored in locked medication cabinet
7. Health Assistant to complete a pill count when accepting medications from the parent.
8. Trained staff member will be responsible for security of the medication and for medication administration.
9. Medication CAN NOT be administered by volunteer staff or parent chaperones.
10. If a parent/guardian attends the field trip with their child, the parent/guardian is responsible for supplying and administering their child's medication.

### **PRIOR TO DEPARTING ON FIELD TRIP**

1. Trained staff member will meet with the Health Assistant to pick up the student's medication day of the field trip or evening prior.
2. Trained staff member will count and receive medication with the Health Assistant and document on medication log.
3. Medication will be kept in a secure location and out of reach of children.

### **DURING FIELD TRIP**

1. Trained staff member will follow medication administration policy.
2. Medication to be kept on person or in a secure location, out of reach of children.
3. If medication not given, trained staff member will notify the parent, principal and the Health Assistant.

### **RETURN FROM FIELD TRIP**

1. Upon return to school, the trained staff member will return medications to the Health Assistant.
2. The Health Assistant and trained staff member will review medication records and count the medications together and document on the medication log.
3. Health assistant will file the field trip medication permission slip in the medication book.
4. Medications will be secured and locked in the medication cabinet.
5. Parents are requested to pick up any leftover medication within 7 days upon returning from the field trip. Any medication not picked up within 7 days will be discarded.
6. If the medication is not given as ordered, the staff responsible for giving the medication on the field trip will document the variance on the Medication Error Form. The Medication Error Form is completed and the Health Services Coordinator is contacted and the form is sent for review.

## **ADMINISTRATION OF EMERGENCY MEDICATIONS DURING SCHOOL-SPONSORED EVENTS HELD OUTSIDE NORMAL SCHOOL HOURS**

It is the parent's responsibility to notify their school's health assistant and school personnel staffing the school-sponsored event, who will notify the school's RN, that their child is enrolled in a school-sponsored event before or after school. Parents must provide school personnel a recent photo, the Medication Permission Slip and Physician's Authorization For Daily Medication and/or Physician Authorization For As Needed Or Emergency Medication (forms included in this handbook).

School personnel staffing school-sponsored events before and after school may be taught child-specific medication administration procedures, by the school's assigned RN, for children who may require emergency medication while under their care. Emergency medications include, but are not limited to, asthma medications, Glucagon, Diastat and EpiPen®.

For those students who may require emergency medication in these situations, the school RN will include the procedure for emergency medication administration in the student's Individual Health Plan. The procedure will be student specific, based on the child's age and ability to self-manage their illness.

The staff person, trained in medication administration, accompanying the student will be responsible for security of the medication and for medication administration unless the student has a Parental Authorization for Student to Carry and Self Administer and a Physician's Authorization For Daily Medication and/or Physician Authorization For As Needed Or Emergency Medication on file in the health room (forms included in this handbook).

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**SIGNATURE KEY OF PERSON ASSISTING STUDENTS WITH MEDICATION**

Name:	Initials	Name:	Initials	Name:	Initials
Name:	Initials	Name:	Initials	Name:	Initials
Name:	Initials	Name:	Initials	Name:	Initials

**NEW SUPPLY OF MEDICATION: See separate log entitled: New Supply of Medication**

\*Medication Pick up/or Wasted: Date: \_\_\_\_\_ Medication Count: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Staff/Witness Signature \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ ID# \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ GRADE \_\_\_\_\_