

Pittsfield School District

ADMINISTERING MEDICATION TO STUDENTS

Written Authorization

In order for prescription medications to be given at the school, the following shall occur:

1. The school nurse shall ensure that a written statement from the licensed prescriber containing the following be filed in the student's health record:
 - a. The student's name;
 - b. The name and signature of the licensed prescriber and contact numbers;
 - c. The name, route, and dosage of medication;
 - d. The frequency and time of medication administration or assistance;
 - e. The date of the order; and
 - f. A diagnosis, if not a violation of confidentiality;
2. The school nurse shall ensure that there is written authorization by the parent and/or guardian that contains:
 - a. The parent/guardian's printed name and signature;
 - b. A list of all medications the student is currently receiving, if not a violation of confidentiality or contrary to the request of the parent/guardian or student that such medication be documented; and
 - c. Approval to have the school nurse administer the medication, the student to possess and self-administer, and/or the principal or his/her designee assist the student with taking the medication;
3. The school nurse shall ensure the authorization or other accessible documentation contains:
 - a. The parent/guardian's home and emergency phone number(s); and
 - b. Persons to be notified in case of a medication emergency in addition to the parent/guardian and licensed prescriber.

Delivery of Medication to School

1. A parent/guardian or parent/guardian designated, responsible adult shall deliver all medication to be administered by school personnel to the school nurse or other responsible person designated by the school nurse as follows;
2. The prescription medication shall be in pharmacy or manufacturer labeled container;
3. The school nurse or other responsible person receiving the prescription medication shall document the quantity of the prescription medication delivered;
4. The medication may be delivered by other adult(s), provided that the nurse is notified in advance by the parent or guardian of the delivery and the quantity of prescription medication being delivered to school is specified;
5. All medications shall be stored in their original pharmacy or manufacturer labeled containers and in such manner as to render them safe and prevent loss of efficacy. A single dose of medication may be transferred from this container to a newly labeled container for the purposes of field trips or school sponsored activities.

Recording Provisions

1. Each school will document the following information regarding medication taken by each students:
 - a. Date and time of administration;
 - b. Name of medication prescribed;
 - c. Name of licensed prescriber;
 - d. Signature or initials of adult present;
 - e. Other comments;
2. Each school shall keep a bound book with consecutively numbered pages, in which shall be recorded in ink, the medication taken by a student and will show: the date, time of administration, the kind and quantity of medicinal preparation, the name of the prescribing physician, and the signature or initials of adult present;
3. If student refuses to take or spills medication, or medication is lost, or has run out, shall be recorded;
4. Recording cannot be altered; if an error occurs, a line is to be drawn through the entry and correct data recorded in line below and signed;

5. Such a record shall be available to representatives from the State Division of Public Health and the State Department of Education;
6. Each record shall be kept in a designated place for a period of time consistent with New Hampshire Department of Education records retention schedule.

Student Health Records

Physicians' written orders and the written authorization of parents and guardians shall be filed with the student's cumulative health record and kept for a period of time as determined by the New Hampshire Department of Education records retention schedule. Health records concerning students who receive special education services shall be retained as long as the student is in a special education program and there is district liability for the education of the student.

An appropriate summary completed at least once every school year for each medication prescribed and taken shall become part of the student's health record.

State law forbids any child for any reason to take medication without written permission of the child's parent/guardian. Permission slips are available in the nurse's office.

Parent/Guardian Request for Giving Prescribed Medication at School

I request the nurse or staff member to assist my child, _____ (name), in taking his/her prescribed _____ (name of medication).

Prescription Number: _____

Pharmacy: _____

Prescribed by: _____

For the period from _____ (date) to _____ (date)

- ☐ No more than one month of prescribed medication may be stored in school.
- ☐ The medication will be delivered directly to the school nurse, principal, or designated staff member by the parent/guardian, if possible.
- ☐ The medication will be delivered in a container properly labeled with the student's name, the physician's name, the date of original prescription, name and strength of medication, and directions for taking by the student.

I agree, that by signing this request and *hold harmless* statement, that I shall not hold liable any member of the school staff who is directed by me to assist my child in taking said medication.

Signature: _____ (parent/guardian)

Printed Name: _____ (parent/guardian)

Date: _____

School: _____

Reading: September 3, 2009
Adopted: September 17, 2009
Reviewed: February 3, 2022