

MIFFLIN COUNTY SCHOOL DISTRICT

TELEPHONE (717) 248-0148

201 Eighth Street - Highland Park
Lewistown, Pennsylvania 17044

FAX (717) 248-5345

Vance S. Varner, Superintendent

Clint N. Aurand, Chief Operations Officer

Steven F. DeArment, Chief Academic Officer

Melinda K. Kenepp, Chief Financial Officer

Dear Parent/Guardian:

The Mifflin County School District recognizes that parents/guardians have the primary responsibility for the health of their children and that there are occasions when it is important for school personnel to administer medication to students during school hours. When your physician decides it is necessary for your child to receive medication during the school day, the following procedures should be followed.

Prescribed Medications

All prescribed medication must be brought to school by a parent/guardian or other-responsible adult designated by the parent/guardian in the original pharmacy-labeled container. All medication will be stored in a locked cabinet in the school health office. The container must be labeled with the following:

1. Name, address, and telephone number of the pharmacy.
2. Student's name.
3. Dosage, frequency, and time of administration, including any special instructions.
4. Name and registration number of the licensed provider.
5. Prescription serial number.
6. Date originally filled.
7. Name of medication and amount dispensed.
8. Controlled substance statement, if applicable.

All prescribed medication must be accompanied by a completed Permission for Medication Administration Consent Form and Licensed Prescriber's Medication Order Form, or other written communication from the licensed prescriber.

Over the Counter Medications

Over the counter medication must be delivered in its original packaging and labeled with the student's name.

****Any unused medication (prescribed/over the counter) that is not picked up by the parent/guardian at the end of the school year will be discarded****

Student Self-Carry and Self-Administration of Emergency Medications (Asthma Rescue Inhaler/Epinephrine Auto Injector)

Prior to allowing a student to self-administer emergency medication, the following is required:

1. An order from the licensed prescriber for the medication, including a statement that it is necessary for the student to carry the medication and that the student is capable of self-administration.
2. Written parent/guardian consent.
3. An Individual Health Plan, including an Emergency Care Plan.

4. A baseline assessment of the student's health status completed by the school nurse.
5. Student demonstration to the school nurse that shows the correct and responsible way to self-administer the medication.
6. Parent/guardian has provided the school with a back-up supply of the medication they are authorized to self-carry and self-administer.

By signing the accompanying form:

1. I authorize the Mifflin County School District and its employees to allow my child to possess and use his/her asthma rescue inhaler or epinephrine auto injector:
 - a. while in school.
 - b. while at a school-sponsored activity.
 - c. while under the supervision of school personnel.
 - d. before or after school hours.
2. I agree that my child will demonstrate to the school nurse the proper use and technique for self-administration of the asthma rescue inhaler/ epinephrine auto injector.
3. I agree that my child will notify the school nurse or qualified school personnel immediately following each use of the asthma rescue inhaler or epinephrine auto injector.
4. I acknowledge that the school bears no responsibility for ensuring that the medication is taken or properly self-administered. It is recommended for the protection of the child that a second inhaler or epinephrine auto injector is kept in the nurse's office in case the student does not have his/her asthma rescue inhaler or epinephrine auto injector.
5. I understand that neither the district nor any of its employees shall be held liable for any injury resulting from self-medication, and I agree to indemnify and hold harmless the school district and its agents against any related claims.
6. I agree that if my child abuses or ignores this privilege, school personnel may confiscate the asthma rescue inhaler or epinephrine auto injector and the district will remove my child's privilege to carry the medication.

Field Trip Medication Guidelines

Field trips, before or after school activities, and summer programs present several challenges to the school health program. Schools must be cognizant of the fact that regardless of setting or time of the year, all federal and state laws and regulations, and clinical standards that govern the practice of safe medication administration continue to apply. For example, taking medication from the original container, placing it in another container or envelope, and re-labeling it for administration by school personnel could be considered dispensing. Dispensing medications is not within the scope of the nursing practice; therefore, Mifflin County School District nurses are not permitted to dispense medications for field trips, with the exception of the emergency asthma rescue inhaler or epinephrine auto injector.

NOTE: REQUESTS ARE EFFECTIVE FOR CURRENT SCHOOL YEAR ONLY AND MUST BE RENEWED ANNUALLY OR WHEN THERE IS A CHANGE IN PRESCRIPTION.

PERMISSION FOR ADMINISTRATION OF MEDICATION AT SCHOOL

Student Name _____ DOB _____ School Year _____

School _____ Grade/Teacher _____

This section is REQUIRED to be completed by the prescribing health care provider.

Medication _____ Dose _____ Frequency _____

Diagnosis _____ Side Effects _____

Field trips: For daily medications only. Medication may need to be omitted or time changed during a field trip. Please indicate below:

Omit medication during the field trip: _____ Time of medication may be changed to: _____

Physician Name (print): _____ License Number: _____

Physician Signature: _____ Office Phone Number: _____

Fax Number: _____ Date: _____

This section is REQUIRED to be completed by the parent/guardian.

I give permission to the school nurse to administer medication to the above-named child in accordance with the physician's instructions, and communicate with the above-named physician in regard to this medication/treatment. I understand that every effort will be made by school staff to administer the medication in a timely manner. I understand that this medication must be furnished to the school in accordance with district policy.

Parent/Guardian Signature: _____ Date: _____

For Asthma Rescue Inhaler or Epinephrine Auto Injector Only

This section is REQUIRED to be completed by the prescribing health care provider.

I request this student be allowed to carry and self-administer his/her asthma inhaler/EpiPen Yes No

As the health care provider for this student, I verify that he/she has been taught proper use of his/her inhaler/EpiPen, has adequate knowledge of asthma/anaphylaxis and how to control it, and is thought to be responsible enough to carry his/her inhaler/EpiPen and use it properly without supervision.

Physician Signature: _____ Date: _____

This section is REQUIRED to be completed by the parent/guardian.

I give permission for my child to carry and self-administer his/her prescribed asthma rescue inhaler/epinephrine auto injector.

Yes No

Parent/Guardian Signature: _____ Date: _____

Parents are responsible for informing the school nurse of any changes to medication, dosage, or if medication is discontinued. Medications should be brought to school by a parent or guardian in its original container which is properly labeled. In the event the student needs to carry medication, physician order is required. **Failure to properly complete this form will result in the school personnel of the Mifflin County School District not being able to distribute medication to the student.**