MIFFLIN COUNTY SCHOOL DISTRICT

201 Eighth Street - Highland Park
TELEPHONE (717) 248-0148 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 their children's health and that there are occasions when school personnel need to administer medication to students during school hours. When your physician decides your child must receive medication during the school day, the following procedures should be followed.

Medications

All prescription and over-the-counter 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 and labeled with the student's name. The parent/guardian/responsible adult and the school nurse will log in medications together. Medications will be stored in a locked cabinet in the school health office.

The container of all prescribed medication 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 prescription and over-the-counter medications must be accompanied by a completed *Permission for Administration of Medication at School Consent Form*, the Licensed Prescriber's Medication Order, or other written communication from the licensed prescriber. The school health office may not accept more than a 30-day supply of medication.

Any unused medication (prescribed or 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)

Before 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. A backup supply of the medication in the school health office provided by the parent/guardian.

By signing the accompanying form:

1. I authorize the Mifflin County School District and its employees to allow my child to possess and use their 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, and/or
    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 or epinephrine auto-injector.
3. I agree that my child will notify the school nurse or qualified school personnel immediately after using 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. To protect the child, a second inhaler or epinephrine auto-injector must be kept in the school health office in case the student does not have their asthma rescue inhaler or epinephrine auto-injector.
5. I understand that neither the district nor its employees shall be held liable for any injury resulting from self-medication. I agree to indemnify and hold the school district and its agents harmless 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.

Some seizure medications are considered rescue medication and are classified as controlled substances. Therefore, students cannot carry them. These medications, such as Nayzilam, Diazepam, and Valtoco, will be stored in the health office and can only be administered by licensed personnel.

Field Trip Medication Guidelines

Field trips, before- or after-school activities, and summer programs pose several challenges for the school health program. Schools must be cognizant that, regardless of setting or time of year, all federal and state laws and regulations, as well as clinical standards governing 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 nursing practice; therefore, Mifflin County School District nurses are not permitted to dispense medications for field trips, except for the emergency asthma rescue inhaler or an epinephrine auto-injector.

NOTE: REQUESTS ARE EFFECTIVE FOR THE 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 permit the school nurse to administer medication to the above-named child per the physician's instructions, and communicate with the above-named physician regarding this medication/treatment. I understand that school staff will make every effort 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, Epinephrine Auto-Injector, or Diabetes Medication/Equipment Only

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

Check all that apply: [ ] Asthma Inhaler [ ] Epinephrine Auto-Injector [ ] Diabetes Medication/Equipment

As the health care provider for this student, I verify that they have been taught to use their medication/equipment properly, have adequate knowledge of their condition, and are responsible enough to carry and use it 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 their prescribed asthma rescue inhaler, epinephrine auto-injector, and/or diabetes medication/equipment.

Parent/Guardian Signature: _____ Date: _____

This section is REQUIRED to be completed by the school nurse

I certify that the student has completed a baseline health assessment and has demonstrated the correct and responsible way to safely self-administer their medication.

School Nurse Signature: _____ Date: _____

Parents are responsible for informing the school nurse of any changes to medication or dosage, or if medication is discontinued. A parent/guardian/responsible adult should bring medications to school in their properly labeled original container. A physician's order is required if the student needs to self-carry medication. Failure to properly complete this form will prevent school personnel of the Mifflin County School District from distributing medication to the student.

This section is to be completed by the student
(**REQUIRED** only if the student is self-carrying an Inhaler, EpiPen, or Diabetes Medication)

- I have been instructed on the proper use, safety, and disposal of my medication.
- I will not share my medication and will use it only as prescribed.
- I will notify the school nurse or qualified personnel immediately after each use.
- I understand misuse may result in loss of privilege and disciplinary action.

Student Signature: _____ Date: _____