

## **USD 204 Medication Policies for ALL District Facilities:**

The initial dose of a new medication must not be given at school. The original container must accompany all medicine or drugs; two containers, one for home and one for school should be obtained from a pharmacist. Any change in the type of medicine/drug, dosage, and/or time of administration must be accompanied by a new physician/dentist notification and parent, guardian, or person acting as parent (all hereinafter referred to as “parent”,) permission form and a newly labeled container. (***PERMISSION FOR MEDICATION FORM, attached.***) Parents should report their students with chronic health conditions and medications to the school nurse.

### **Elementary School Medication Policy (Grades Pre-K through 5)**

**Prescription Medications:** a licensed Health Care Provider or dentist must give written permission and instructions for the administration of all prescription medication and anticipated number of days to be administered. A parent must also give written permission for administration of the medicine or drug. The parent permission must identify the student; the date permission is given, and includes the signature of the parent. Students may carry and administer their own metered dose inhaler (MDI) for asthma, insulin for diabetes, and rescue medication for anaphylaxis *only if the physician specifically notes this* on his/her order. Written parent permission is also required.

**Over the Counter (or non-prescription medications):** Parental consent must be given for school personnel to administer over the counter medications (specified on the ***USD 204 CONSENT FOR ADMINISTRATION OF MEDICATION/HEALTH ASSESSMENT FORM***).

### **Middle School Medication Policy (Grades 6 through 8)**

**Prescription medication** will only be administered by school district employees to middle school students under the following conditions: A licensed Health Care Provider or dentist must give written permission and instructions for the administration of all prescription medicine or drugs. The order must be dated and identify the medicine or drug, dosage, time of day to be given and anticipated number of days to be administered. A parent must give written permission for administration of the medicine or drug. The parent permission must identify the student, date permission is given, and includes the signature of the parent. Students may carry and administer their own metered dose inhaler (MDI) for asthma, insulin for diabetes, and rescue medication for anaphylaxis *only if the physician specifically notes this* on his/her order. Again, written parent permission is also required.

**Over the Counter ( non-prescription medications):** Parental consent must be given for school personnel to administer over the counter medications (specified on the ***USD 204 CONSENT FOR ADMINISTRATION OF MEDICATION/HEALTH ASSESSMENT FORM***).

### **High School Medication Policy (Grades 9 through 12)**

**Controlled drugs:** such as Ritalin and narcotic pain medications, must be kept locked in the health room and be administered by the nurse or the nurse’s designee and written physician and/or dentist plus parental permission is required.

**Prescription medications (that are NOT controlled substances):** may be carried and taken by students on their own unless otherwise ordered. If not being self administered, permission in writing by the physician and/or dentist and parent is required. Medication is to be carried in the original prescription bottle with the name of the medication and directions attached.

**Over the Counter ( non-prescription medications):** for minor discomforts (i.e.: Tylenol, Midol, Advil) may be carried by the student with parental permission. The student should carry what is needed for the day and it should be carried in it’s clearly marked original container. *At no time may any student share their medications with another person.* School Administrators have final authority to revoke self-carrying medication privileges. Parental consent must be given for school personnel to administer over the counter medications (specified on the ***USD 204 CONSENT FOR ADMINISTRATION OF MEDICATION/HEALTH ASSESSMENT FORM***).