

A. W. BEATTIE CAREER CENTER

SECTION: PUPILS
 TITLE: USE OF MEDICATIONS
 ADOPTED: May 27, 1999
 REVISED: May 26, 2005
 APPROVED: June 30, 2005
 REVISED: August 21, 2008
 APPROVED: September 25, 2008
 REVISED: August 25, 2011
 APPROVED: September 22, 2011

| 210 USE OF MEDICATIONS | |
|---------------------------------|---|
| 1. Purpose | The Joint Operating Committee and Administration shall not be responsible for diagnosis and treatment of student illness. The administration of prescribed medication in accordance with the direction of a parent or family physician to a student during school hours will be permitted only when failure to take such medicine would jeopardize the health of the student; or the student would not be able to attend school if the medicine were not made available during school hours. |
| 2. Definition | communications of students. For purposes of this policy, medication shall include all medicines (any patent drug, aspirin, and cough medication) prescribed by a physician, certified nurse practitioner, or physician's assistant. |
| 3. Authority | Non-prescribed oral medication, including aspirin or other over-the-counter medications, will not be made available to students by school personnel. |
| SC.510 Title 22 Sec. 7.13 | Prescribed medication should be taken at home. If necessary, by the doctor's order, designated school personnel may administer a medicinal preparation which is accompanied by a physician's order <u>and</u> the parent's written permission. |
| 4. Guidelines | The physician's orders shall specify, in writing, the name of the drug, the dosage, the administration directive (such as three (3) times per day, and the duration of the order. All prescribed medication must be brought to school in the original prescription bottle with proper druggist labeling of medication name, dosage, administration direction, and pharmacy identification. Unlabeled medication will not be given at school and will be held for the parent at dismissal. If a parent wishes an over-the-counter medication to be given at school it <u>must be accompanied by a physician's order</u> and parent permission slip. All medication taken by students for any reason must be registered and self-administered in the Health Science Technology teacher's office. |

210 Use of Medications

Student Self-Administration:

To self-administer medication, the student must be able to:

1. Respond to and visually recognize his/her name.
2. Identify his/her medication.
3. Measure, pour and administer the prescribed dosage.
4. Sign his/her medication sheet to acknowledge having taken the medication.
5. Demonstrate a cooperative attitude in all aspects of self-administration.

5. Delegation of Responsibility

The Administration shall develop procedures for the self-administration of students' medication.

Inappropriate use to self or others will result in the student being in violation of the Discipline Code at a Level III infraction.

References:

School Code - 24 P.S. Sec 510, 1402

State Board of Education Regulations - 22 PA Code Sec 12.41

210 Use of Medications
A. W. BEATTIE CAREER CENTER

SELF-ADMINISTRATION ABILITY VERIFICATION ASSESSMENT

Student's Name

Program & Grade

Date

To self-medicate, the student must be able to: (check all that apply)

- _____
1. Respond to and visually recognize his/ her name.
- _____
2. Identify his/ her medication.
- _____
3. Demonstrate the proper technique for self-administering his/ her medication.
- _____
4. Sign his/ her medication sheet to acknowledge having taken the medication.
Secondary students must maintain their own medication log, which may be reviewed by the school nurse at any time at her discretion.
- _____
5. Demonstrate cooperative attitude in all aspects of self-administration of medication.
- _____
6. Demonstrate knowledge of prescribed time intervals for inhaler use.

Name of Medication

Dosage

Frequency

The above named student has demonstrated the ability to self-administer the physician-prescribed asthma medication, as indicated by the criteria listed above.

Date

Signature (Health Science Teacher, R.N.)

As the parent/ guardian of above named student, I relieve the A.W.Beattie Career Center and its employees of any responsibility for the benefits or consequences of the above listed medication when it is physician-prescribed and parent/ guardian authorized. I further acknowledge that the school bears no responsibility for ensuring that the medication is taken. I am aware that any improper use/ sharing of the above-mentioned medication will result in the immediate confiscation of the inhaler and loss of privilege to self-administer if the medication policy is violated.

Date

Parent/ Guardian Signature

I agree to be solely responsible for my asthma inhaler and to follow the directions for its use as ordered by my physician, as well as A.W. Beattie Career Center's medication policy. I am aware that any improper use/ sharing of the above-named medication will result in the immediate confiscation of the inhaler and loss of privilege to self-administer if the medication policy is violated. I am aware that I am responsible for maintaining a log of my inhaler use and must have it available for review by the school nurse at her discretion.

Date

Student Signature

Student is not able to self-administer at this time due to the following reasons: _____

Signature (Health Science Teacher R.N.)

A. W. BEATTIE CAREER CENTER

9600 Babcock Blvd.
Allison Park, PA 15101

MEDICATION PROCEDURE FORM

It is required by the A. W. Beattie Career Center that the attending physician fills out the following form for all medications to be given during school hours.

| | |
|------------------|----------------|
| | Date: _____ |
| | Grade: _____ |
| (Student's Name) | Program: _____ |

| | |
|-------------------------|-----------------------------|
| (Medication and Dosage) | |
| | (Date: _____ to _____ Date) |
| (Time Given) | |

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|---|
| (Condition for which medication is requested) |
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| |
|-------------------------|
| (Possible side effects) |
|-------------------------|

| | |
|-------------------------|----------------|
| (Physician's Signature) | (Phone Number) |
|-------------------------|----------------|

| | |
|---------------------------------|-----------|
| (Please Print Physician's Name) | (Address) |
|---------------------------------|-----------|

PHYSICIAN: Please check blocks that apply for inhalers, Epi-pens and other life saving medications:

- Student may carry and self-administer medication while on a field trip.
- Student may carry and self-administer medication on a daily basis.

PARENTAL PERMISSION, HOLD HARMLESS AND INDEMNIFICATION

We hereby agree that the medication be administered to our child as stated herein and agree with the intent to be legally bound hereby, to hold the A.W. Beattie Career Center and any of it's employees or agents harmless from any liability and to so indemnify same for any liability incurred which may result from administration or supervision of the medication to _____ by employees or agents of the A.W. Beattie Career Center.

| | |
|----------------------|--------|
| (Parent or Guardian) | (Date) |
|----------------------|--------|

A. W. Beattie Career Center Medication Policy requires a parent or guardian to bring the medication to school in the original container or prescription bottle. Return this form to the school office. No medications are permitted to be transported on the School Bus. A second labeled prescription bottle can be obtained from your pharmacist.