

**JGFGBA Student Self-Administration of Medications**

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The self-administration of medication is allowed for *eligible* students in grades (chose either K-12, 7-12). As used in this policy medication means a medicine for the treatment of anaphylactic reactions *anaphylaxis* or asthma *including, but not limited to, any medicine defined in current federal regulation as an inhaled bronchodilator or auto-injectible epinephrine. Self-administration is the student's discretionary use of an approved medication for which the student has a prescription or written direction from a health care provider.*

*As used in this policy health care provider means which is prescribed by a physician licensed to practice medicine and surgery; a certified, an advanced registered nurse practitioner who has authority to prescribe drugs, or a licensed physician assistant who has authority to prescribe drugs pursuant to a written protocol with *under the supervision of* a responsible physician. (See JGFGB)*

Student Eligibility

To be *An* eligible student shall meet all *the following* requirements of this policy. Parents/guardians shall submit a written statement from the student's health care provider stating:

1. *A written statement from the student's health care provider stating the name and purpose of the medication/s;*
2. The prescribed dosage;
3. *The time the medication is to be regularly administered;*
4. The conditions under which the medication is to be self-administered;
5. Any additional special circumstances under which the medication is to be administered; and

6. The length of time for which the medication is prescribed.
7. *The student shall also demonstrate to the health care provider or the provider's designee and the school nurse or the nurse's designee the skill level necessary to use the medication and any device that is necessary to administer the medication as prescribed. In the absence of a school nurse, the school shall designate a person who is trained to witness the demonstration.*

The statement shall also show the student has been instructed on self-administration of the medication and is authorized to do so in school.

Authorization Required

The student shall provide written authorization from the student's health care provider and parent or guardian stating the student has been instructed on self-administration of the medication and is authorized to do so in school. The student's parent or guardian shall provide written authorization for the self-administration of medication. An annual renewal of parental authorization for the self-administration of medication (chose either may/shall) be required.

*The health care provider shall prepare a written treatment plan for managing the student's asthma or anaphylaxis episodes and for medication use by the student during school hours. The student's parent or guardian shall annually complete and submit to the school any written documentation required by the school, including the treatment plan prepared by the student's health care provider. Permission forms shall be updated (during enrollment/or \_\_\_\_\_)*

Employee Immunity

A school district, and its employees and agents, which authorize the self-administration of medication in compliance with the provisions of this policy, shall not be liable in any action for any injury resulting from the self-administration of medication. All teachers responsible for the student's supervision shall be notified that permission to carry medications and self-administer has been granted.

The school district shall provide written notification to the parent or guardian of a student that the school *district* and its *officers*, employees and agents are not liable for any *damage*, injury *or death* resulting *directly or indirectly* from the self-administration of medication.

Waiver of Liability

*The student's parent or guardian shall sign a statement acknowledging that the school districts and its officers, employees or agents incur no liability for damage, injury or death resulting directly or indirectly from the self-administration of medication and agreeing to release, indemnify and hold the schools and its officers, employees and agents, harmless from and against any claims relating to the self administration of medication allowed by this policy.*

The parent or guardian of the student shall sign a statement acknowledging that the school incurs no liability for any injury resulting from the self-administration of medication and agreeing to indemnify and hold the school, and its employees and agents, harmless against any claims relating to the self-administration of such medication. The provisions of this policy shall expire on June 30, 2005 (Kansas Law).

Additional Requirements

- *The school district shall require that any backup medication provided by the student's parent or guardian be kept at the student's school in a location to which the student has immediate access if there is an asthma or anaphylaxis emergency;*
- *The school district shall require that all necessary and pertinent information be kept on file at the student's school in a location easily accessible if there is an asthma or anaphylaxis emergency;*
- *Eligible students shall be allowed to possess and use approved medications at any place where the student is subject to the jurisdiction or supervision of the school district, its officers, employees or agents;*
- *The board may adopt policy or handbook language which imposes additional requirements relating to the self-administration of medication allowed for in this policy and may establish a procedure for, and the conditions under which, the authorization for student self-administration of medication may be revoked.*

Approved: March 14, 2005; 8/05

# Permission for Self-Administration of Medication

Name of Student \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Date Started \_\_\_\_\_

Conditions under which the medication is to be given: \_\_\_\_\_

\_\_\_\_\_

Any additional circumstances under which the medication is to be given:

\_\_\_\_\_

Length of time medication is to be administered: \_\_\_\_\_

I hereby give my permission for (name of student) to administer the above medication at school as ordered. I understand that it is my responsibility to furnish this medication. I acknowledge that the school incurs no liability for any injury resulting from the self-administration of medication and agree to indemnify and hold the school, and its employees and agents, harmless against any claims relating to the self-administration of such medication.

**My child has been instructed on self-administration of the**

**Medication and is authorized to do so in school.**

Signature of Parent or Guardian (*NOTE: Parental permission must be renewed annually*)

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Health Care Provider

\_\_\_\_\_ Date \_\_\_\_\_

Approved: \_\_\_\_\_