

The self-administration of medication is allowed for eligible students in grades K–12. As used in this policy, medication includes, but is not limited to, a medicine for the treatment of anaphylaxis or asthma listed in current federal regulation as an inhaled bronchodilator or auto-injectable 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 or written parental authorization on file in the school office for over-the-counter medications. Self-administration of medication at a dosage or rate exceeding product label instructions may result in denial of privilege to self-administer medications and/or disciplinary action as appropriate.

As used in this policy health care provider means a physician licensed to practice medicine and surgery; an advanced registered nurse practitioner, or a licensed physician assistant who has authority to prescribe drugs under the supervision of a responsible physician.

Student Eligibility

An eligible student shall meet all the following requirements:

- Have a written statement from the student’s health care provider stating the name and purpose of any prescription medication/s or written authorization from the student’s parent for use of over-the-counter medication/s;
- Know the prescribed or recommended dosage;
- Know the time the medication is to be regularly administered;
- Be able to articulate any additional special circumstances under which the medication is to be administered;

- Know the length of time for which the medication is prescribed;
- The student shall also demonstrate to the health care provider or the provider's designee, as applicable, 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. In the absence of a school nurse, the school shall designate a person who is trained to witness the demonstration.

Authorization Required

With regard to prescription medications which are not administered on a regular schedule, the student's health care provider shall prepare a written treatment plan for managing the student's condition, such as asthma attacks 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

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 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 district 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 district and its officers, employees, and agents, harmless from and against any claims relating to the self-administration of medication allowed by this policy.

**Additional Requirements for Students Prone to Specified Emergencies**

- The school district shall require that any back-up 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: 3/05; 8/05; 8/22

KASB Recommendation – 6/04; 6/05; 4/07; 12/16

# 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: \_\_\_\_\_