

SOUTH KINGSTOWN SCHOOL DEPARTMENT MEDICATION POLICY

5141 - Medication Policy

Parents/guardians are requested, whenever possible, to schedule the administration of medication outside of the normal school day. Students needing medication during the school day are required to bring the medication to the school office with a signed authorization form. Both **prescription and non-prescription medication** require both licensed health care provider's written order **and** a written parent authorization.

Prescription medication must be stored in their original pharmacy labeled containers. Non-prescription medication shall be stored in their manufacturer-labeled container only.

No student shall have in his/her possession any medication while on school property unless it is authorized by his/her physician.

All medication shall be dispensed by a School Nurse-Teacher. No lay person other than a parent shall participate in medication administration. This does not include **inhalers** (which may be self-administered if authorized by the licensed health care provider) or **Epinephrine auto-injector** (which may be self administered, administered by school personnel trained to administer the Epinephrine auto-injector or, in the event that no trained personnel are available, any willing person may administer the Epinephrine auto-injector to a medically identified student).

In the event of field trip, a child may self medicate if the licensed health care provider, parent and school nurse-teacher are **in agreement**. And on the day of the field trip, one school day's supply of medication for each day of the field trip should be provided from home in its **original pharmacy-labeled container or manufacturer's container**. The medication will be carried by a certified teacher or nurse at all times. If this procedure is not followed, the student will not be allowed to self medicate on the off site school-sponsored activity.

No medication shall be dispensed without following this procedure.

Policy Adopted: August 19, 1985
Policy Revised: May 23, 2011
First Reading of Revised Policy: September 10, 2013
Second Reading of Revised Policy: November 12, 2013
Third Reading/Adoption of Revised Policy: December 17, 2013

SOUTH KINGSTOWN SCHOOL DEPARTMENT
Authorization for Prescription Medications to be Taken During School Hours
BEE STING / SEVERE FOOD ALLERGY / EMERGENCY HEALTH CARE PLAN

STUDENT'S NAME _____

Please indicate one:

BEE STING

FOOD ALLERGY (Specify allergen):

The following procedure will be followed for the above named student:

1. Remove stinger from skin, if present.
2. Apply ice.
3. Give _____ teaspoon(s)
BENADRYL (Parent must supply)

PHYSICIAN TO CIRCLE ONE OPTION:

- 4a. IMMEDIATELY GIVE
EPINEPHRINE AUTO-INJECTOR
after Benadryl, then call "911" and parent

or

- 4b. WATCH CLOSELY – if any symptoms of body hives, itching, difficulty breathing, or loss of consciousness, then give EPINEPHRINE AUTO-INJECTOR, call "911" and parent.

Dose of EPINEPHRINE AUTO-INJECTOR
To be given (please circle one):

0.15 mg. 0.3 mg.

The following procedure will be followed for the above named student if ingestion or symptoms of allergic reaction occur:

1. Give _____ teaspoon(s)
BENADRYL (Parent must supply)

PHYSICIAN TO CIRCLE ONE OPTION:

- 2a. IMMEDIATELY GIVE
EPINEPHRINE AUTO-INJECTOR
after Benadryl and call "911" and parent.

or

- 2b. WATCH CLOSELY – if any symptoms of difficulty breathing or swallowing, or loss of consciousness, then give EPINEPHRINE AUTO-INJECTOR, call "911" and parent.

Dose of EPINEPHRINE AUTO-INJECTOR
to be given (please circle one):

0.15 mg. 0.3 mg.

Please be advised that there is no medical supervision or services provided by the School Department for routine bus services or any after school activities. The only services available are the local Emergency Medical Services through the town.

physician's signature

date

I am in agreement with the above procedure and will provide the Benadryl and/or Epinephrine Auto-injector to be kept at school.

parent/guardian signature

date

SOUTH KINGSTOWN SCHOOL DEPARTMENT

Authorization for Prescription & Non-Prescription Medications to be Taken During School Hours
(PHARMACY or MANUFACTURER-LABELED CONTAINERS ONLY)

School _____ Grade/Teacher _____

CHILD'S NAME _____ Sex _____ Date of Birth _____

Physician's Name/Address _____

Physician's Telephone _____

The following section is to be completed by the PARENT:

*I request that my child be assisted in taking the medicine(s) described below at school by the school nurse-teacher or permitted to medicate himself/herself as also authorized by me and my physician – see below.**

Additionally, in the event of an off site school-sponsored activity, my child may self-administer this medication which shall be provided from home. Only one school day's supply should be provided and it will be transported in its original pharmacy-labeled container. This medication will be sent in on the day of the field trip. (If this procedure is not followed, the student will not be allowed to self-medicate on the off-site school sponsored activity.)

YES NO

I have read and understand the medication policy on the back of this page YES NO

Parent/Guardian Signature _____

Date _____

Home Phone _____

Emergency Phone _____

Please be advised that there is no medical supervision or services provided by the School Department for routine bus services or any after school activities. The only services available are the local Emergency Medical Services through the town.

The following section is to be completed by the PHYSICIAN:

Diagnosis for which medication is prescribed: _____

Name of Medicine _____

Dose/Time _____

Directions for Administration _____

List significant side effects _____

Length of time this treatment is recommended _____

**Is child authorized to medicate himself/herself?* YES NO

(Self medication applies only to inhalers, Epinephrine auto-injectors and prescribed self-injected medication.)

**Is child authorized to self medicate during an off site school-sponsored activity?* YES NO

Physician's Signature _____

Date _____