

## ADMINISTERING MEDICINES TO STUDENTS

### Oral Medication in Schools

If, under exceptional circumstances, a child is required to take oral medication -- both prescription and over-the-counter -- during school hours and the parent cannot be at school to administer the medication, only the school nurse or the principal's designee (employees who have received the training required in ORC 3313.713) will administer the medication in compliance with the regulations that follow:

1. Written instructions signed by parent and physician will be required and will include:
  - a. child's name, address, school attended, and grade
  - b. name of medication
  - c. purpose of medication
  - d. time to be administered
  - e. dosage
  - f. possible severe adverse reactions
  - g. date administration is to begin
  - h. date administration is to cease
  - i. special instructions for administration of drug; including sterile conditions and storage
2. The school nurse or the principal's designee (employees who have received the training required in ORC 3313.713) will:
  - a. inform appropriate school personnel of the medication
  - b. keep a record of the administration of medication
  - c. keep medication in a locked cabinet
  - d. return unused medication to the parent only
3. The parents of the child must assume responsibility for informing the school of any change in the child's health or change in medication.
4. The school district retains the discretion to reject requests for administration of medicine.
5. A copy of this regulation will be provided to parents upon their request for administration of medication in the schools.

### ADMINISTRATION OF OVER-THE-COUNTER MEDICATIONS

The Findlay City Schools will allow certain specified over-the-counter medicines to be administered to students under a physician's standing order and with the prior approval of the parent.

For any medications prescribed by a physician, procedures should be followed as stipulated by the current Board Policy 9.10. The following procedures will apply to the physician standing order procedures:

1. Parents will be asked to sign a permission form that will allow the nurse, principal, or his/her designee (employees who have received the training required in ORC 3313.713) to administer to students over-the-counter medications as stipulated in the physician standing order.
2. Only those medications stipulated under the physician standing order can be administered outside the current Board Policy 9.10. Medications must be administered as directed by the physician standing order.
3. The school nurse, principal, or his/her delegate will:
  - a. keep medication in a locked cabinet,
  - b. keep a record of the administration of medication,
  - c. as deemed necessary, inform appropriate school personnel of the dispensed medication,
  - d. make attempts to notify the parent, and
  - e. when appropriate, return unused medication to the parent only.
4. The parents of the child must assume responsibility for informing the school of any change in the child's health that may necessitate the administration of over-the-counter medications to their child. If the special circumstance involves only specific over-the counter medication, this should be noted on the parent permission form or a letter.

Permission will continue to be in place until the parent provides any written changes to the building principal.

5. The school district retains the discretion to reject requests for administration of medicine. The parent may be required to obtain a physician's request for the medications to be administered at school.
6. A copy of this regulation will be provided to parents upon their request for administration of medication in the schools.

### ADMINISTRATION OF OVER-THE-COUNTER MEDICATIONS PROGRAM PROCEDURES

- ❑ **Parent Permission** – Parent permission forms should go home as soon as possible in the fall; one possible method would be to include the form with the emergency medical mailing.
- ❑ Parent permission forms will be accepted as they come into the Nurse. There will not be a cut-off date.
- ❑ Parents may indicate on the permission form what medications they wish administered as well as those they don't want administered.
- ❑ When a student moves into the District, the parent permission form should be included with the registration forms.
- ❑ Medications will be administered only by the nurse, principal, or his/her designee (employees who have received the training required in ORC 3313.713).
- ❑ When a student receives medication, attempts will be made to notify the parent on the day the medication is administered. The methods can vary, and include a phone call(s) and a note sent home with the student.
- ❑ A record should be kept in a binder of all the students' parent permissions so that the principal, secretaries, and nurses know who is involved and what medications can be administered. This record or a duplicate copy(s), must be kept in the same locations as those who will be administering the medications.
- ❑ When an over-the-counter medication is administered, an entry should be made in the nurse's Daily First-Aid Log. This entry should include the date, arrival time, student name, student complaint, and the medication received.
- ❑ Medications must be stored in a locked cabinet.
- ❑ A copy of the Physician's Medication Standing Order should be posted in the nurse's clinic and in the principal's office.
- ❑ The parent permission will continue to be in place until the parent provides any written changes to the building principal.

**SELF-MEDICATION FOR ASTHMA INHALERS**

Students are permitted to carry and self-administer metered dose or dry powder asthma inhalers in school with the written approval of both the student's physician and, if the student is a minor, the student's parent (or legal custodian or guardian). The parent is responsible for notifying the school of the child's need for carrying an asthma inhaler and requesting self-medication authorization by completing the attached form (which must include the physician's signature) and returning the form to the Building Principal. The parent is also responsible for informing the school of any change in the child's health, change in medication, or change in need of carrying an asthma inhaler. By signing the self-medication authorization form, the parent affirms that the child is trained and fully competent to self-medicate using the asthma inhaler.

The Building Principal shall authorize or reject the parent request for self-medication as soon as practicable. Copies of the authorization form shall be placed in the student's permanent record, school nurse file, and transportation file, if transported by District personnel.

**MEDICATION STANDING ORDERS FOR  
FINDLAY CITY SCHOOLS**

The following over-the-counter medications, not prescribed by a physician, may be dispensed by the Building Nurses, principal, and/or his/her designee (employees who have received the training required in ORC 3313.713) working for Findlay City Schools. All medications will be stored in the Nurse's office in the original container. The Building Nurse will verify that expiration dates are current.

**ANTACID** (liquid or chewable) – 1-2 tablets or 5 ml, as needed. May repeat in 4 hours.

**BACITRACIN OINTMENT** – Topical for skin change that has a potential for infection (abrasion or cut) or any other present infection (impetigo).

**CALADRYL AND CALAMINE LOTION** – Apply for urticaria. External use only. Do not apply in or near eyes of mucous membranes.

**ISOTONIC EYE IRRIGATING SOLUTION** – Irrigate eyes as needed for first aid.

**COUGH DROPS** – May give as needed for cough or sore throat.

**ORA-GEL** – May give for mouth irritation.

**IBUPROFEN** (Motrin/Advil) – Dose specific per chart according to child's weight. (100 mg per teaspoon, 100 mg chewable, 200 mg tablet)

<b><i>Weight (Pounds)</i></b>	<b><i>Dose</i></b>
33 – 43	150 mg
44 – 54	200 mg
55 – 65	250 mg
66 – 76	300 mg
77 – 87	350 mg
88 – Over	400 mg

**ACETAMINOPHEN** (Tylenol or Tempra) – Dose specific per chart according to child's weight. (160 mg per teaspoon, 160 mg chewable, 325 mg tablet, 500 mg tablet)

<b><i>Weight (Pounds)</i></b>	<b><i>Dose</i></b>
35 – 47	240 mg
48 – 72	320 mg
73 – Over	500 mg

Parental consent is needed for all children receiving these medications.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Andrew Ritz, MD  
Nursing Program Consultant



FINDLAY CITY SCHOOLS  
2019 Broad Ave.  
Findlay, Ohio 45840

**PHYSICIAN'S REQUEST FOR THE ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL**

\_\_\_\_\_  
(Name of Student) (Address)

\_\_\_\_\_  
(School attended) (Grade)

is under my care and should receive \_\_\_\_\_ at school under the following instructions:

(Name of Drug)  
Dosage (times or intervals drug is to be administered): \_\_\_\_\_

\_\_\_\_\_  
Special/specific instructions for administration including sterile conditions and storage:

\_\_\_\_\_  
Possible severe adverse reactions: \_\_\_\_\_

Date administration of drug is to begin: \_\_\_\_\_

Expiration date of this request: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
(Physician's Signature)

\_\_\_\_\_  
(Physician's Address) (Physician's Phone Number)

\_\_\_\_\_  
(Physician's Emergency Phone Number)

**PARENTS REQUEST FOR THE ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL**

I hereby request and give my permission to the principal or his/her designee (employees who have received the training required in O.R.C. 3313.713) to administer the medication as indicated by the above physician's request to my child. Name of child \_\_\_\_\_.

I understand that the parent should administer this medication whenever possible and that the medication must be in a proper container, labeled by the pharmacist or physician.

By this request, I voluntarily, on behalf of the child herein named and myself, release the principal and/or his/her delegate from any and all liability for civil damages arising out of or from the administration or the failure to administer the medication in the above physician's request.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent)

\_\_\_\_\_  
(Address)

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