



Guidelines for Medication Given at School

It is best for medication to be administered at home. However, under certain conditions, it is in the best education and health interested of the child to take medication during the school day. We are asking for your cooperation regarding giving medications in school. Because of the responsibility placed upon the staff for giving the correct medications, we ask that you comply with the following guidelines.

I. All Medication

- The **authorization form** must be completed and signed by the **health care provider and parent**.
- **No medication** shall be given without an authorization form.
- Medications must be brought to the school office by the parent and **not the student**.
- **Pills need to be broken prior to being brought to school for half dosages.**
- Medication left at school shall be destroyed the last day of school.

II. Prescription Medication

- All medication must be in the **original prescription container or package** and properly labeled with the student's name, name of medication, exact dosage, name of health care provider, date and time of day to be given.
- The directions of the 'Authorization' form **must match** the directions on the prescription container or package.
- **Sample** medication must also be properly labeled and in the original container or package.
- **No more than a 20 (twenty) day supply of Schedules II-V medications** (i.e. ADHD medications, narcotic pain medications) should be brought to school by the parent.

III. Administering Medication 15 Days or Less

- The **appropriate authorization form** must be completed and signed by the **parent**.
- The **health care provider** must write, on either a prescription blank or an 'Authorization' form, a request for medication to be administered at school.

IV. Administering Medication 15 Days or More

- The **appropriate authorization form** must be completed and signed by the parent and health care provider.
- The authorization form must contain complete physician instructions.

V. Injectable Medication

- **Injectable medications – May only be given by a licensed nurse, the student, or a parent/guardian except as listed below:**
 - If a student is susceptible to a predetermined, life-endangering situation, trained school personnel may assist the student with an auto-injection (i.e. EpiPen®, Auvi-Q™). The health care provider **and** parent must state in writing on the "Severe Allergic Reaction Plan & Medication Orders" form if the student is to **carry** an epinephrine autoinjector.
 - The parents of a student with diabetes may authorize a Parent Designated Adult (PDA) who may or may not be a school district employee, to give injections and/or administer blood glucose monitoring. The PDA must receive additional training from a health care professional or expert in diabetic care selected by the parents.

I HAVE READ THESE GUIDELINES FOR MEDICATION GIVEN AT VALLEY CHRISTIAN SCHOOL

Parent Signature:

Date:

SEVERE ALLERGY REACTION PLAN & MEDICATION ORDERS

Student's Name:

Birthdate:

Has Severe Allergy to:

Nurse's Name/Phone:

Allergy History: Anaphylaxis/Severe Reaction

Skin testing indicates allergy

Date of last reaction:

Other Allergies:

Student has Asthma (increased risk factor for severe reaction): Yes No

Epinephrine auto-injector (EAI) location: Office Backpack On Person Other:

Inhaler(s) location: Office Backpack On Person Other:

Anaphylaxis (Severe allergic reaction) is an excessive reaction by the body to combat a foreign substance that has been eaten, injected, inhaled or absorbed through the skin. It is an intense and life-threatening medical emergency. **Do not hesitate to give Epinephrine and call 911.**

Usual symptoms of an allergic reaction:

MOUTH--Itching, tingling, or swelling of the lips, tongue, or mouth;
THROAT--Sense of tightness in the throat, hoarseness and hacking cough;
SKIN - Hives, itchy rash, and/or swelling about the face or extremities;
LUNG--Shortness of breath, repetitive coughing, and/or wheezing;
GUT - Nausea, stomach ache/abdominal cramps, vomiting, and/or diarrhea;
GENERAL--Panic, sudden fatigue, chills, fear of impending doom;
HEART - "Thready" pulse, passing out, fainting, blueness, pale.

This Section To Be Completed By A Licensed Healthcare Provider (LHP): If a student has symptoms or you suspect exposure (is stung, eats food he/she is allergic to, or exposed to something allergic to):

1. Give Epinephrine Auto Injector (EAI) 0.3 mg Jr. 0.15mg

May repeat Epinephrine (if available) in 10-15 minutes if symptoms are not relieved or symptoms return and EMS has not arrived. Document time medications were given below and alert EMS when they arrive.

EAI #1

EAI #2

Antihistamine

Inhaler

2. Stay with student.

3. Call 911 - Advise EMS that student has been given Epinephrine.

4. Notify parents and school nurse/office staff.

5. After Epinephrine given, give Benadryl® or antihistamine: (ml/mg/cc)

6. If student has history of Asthma and is having wheezing, shortness of breath, chest tightness with allergic reaction, after Epinephrine and antihistamine, you may give:

Albuterol (Pro-air, Ventolin HFA, or Proventil) - 2 puffs)

Levalbuterol (Xopenex) - 2 puffs

Albuterol/Levalbuterol unit dose SVN (per nebulizer

Other:

Student Name:

SEVERE ALLERGY REACTION PLAN & MEDICATION ORDERS (Continued)

7. A student given Epinephrine must be monitored by medical personnel or a parent and may NOT remain at school. (Medication Side Effects: 1) Epinephrine: increased heart rate; 2) Antihistamine: sleepy; and 3) Albuterol/Levalbuterol: increased heart rate and shakiness.)

Student may carry & self-administer Epinephrine +/- antihistamine

Student may carry & self-administer Inhaler

Student has demonstrated Epinephrine auto-injector use in LHP's office

Student has demonstrated inhaler use in LHP's office

Please complete this section if the student has a severe food allergy

Disability: Potential anaphylaxis if food ingested. **Major life activity affected:** Potential shut down of multiple body symptoms leading to death. **How disability restricts student diet:** Student must not eat food containing allergen.

Foods to omit: *Note: Meals from home provide the safest food option at school.*

LHP Signature:

Printed Name:

Start date:

End date:

Last day of school

Other:

Date Signed:

Telephone #:

Fax #:

Student Name:

Severe Allergy Care Plan – Part 2 – Completed by Parent

Brief Medical History:

Food Allergy Accommodations:

- Foods and alternative snacks will be approved or provided by parent/guardian.
- Parent/guardian should be notified of any planned parties as early as possible.
- Classroom projects should be reviewed by the teaching staff to avoid specified allergens.
- Student is responsible for making his/her own food decisions. Yes No
- When eating student requires: Specific eating location Where?
No restriction

Bus Concerns –Transportation should be alerted to student's allergy:

- This student carries Epinephrine auto-injector (**EAI**) on the bus? Yes No
- EAI can be found in: Backpack Waist Pack On Person Other
- Student will sit at front of the bus? Yes No

Field Trip Procedures – Epinephrine auto-injector must accompany student during any off campus activities.

- The student must remain with the teacher or parent/guardian during the entire field trip? Yes No
- Staff members on trip must be trained regarding Epinephrine auto-injector use and this health care plan (plan must be taken).

EMERGENCY CONTACTS

Parent/Guardian Name:

Parent/Guardian Name:

Home & Work Phone:

Home & Work Phone:

Other:

Other:

ADDITIONAL EMERGENCY CONTACTS

Name:

Relationship:

Phone:

Name:

Relationship:

Phone:

Student may carry and self-administer Epenephrine: Yes No Extra injectors in office: Yes No

Student may carry and self-administer asthma inhaler: Yes No Extra inhalers in office: Yes No

Student Name:

Severe Allergy Care Plan – Part 2 (continued)

- I request this medication to be given as ordered by the LHP (i.e., doctor, nurse practitioner, PAC).
- I give health services staff permission to communicate with the LHP/medical office staff about this plan and medication.
- I understand that any medication will not necessarily be given by a school nurse but may be given by trained and monitored school staff.
- I release school staff from any liability in the administration of this medication at school.
- I understand this is a life threatening plan and can only be discontinued, in writing, by the prescribing LHP.
- Medical/medication information may be shared with school staff working with my child and 911 staff, if they are called.
- All medication supplied must come in its originally provided container with instructions as noted above by the LHP.
- Student is encouraged to wear a medical ID bracelet identifying the medical condition.
- I request and authorize my child to carry and/or self-administer their medication. Yes No
- This permission to possess and self-administer any medication may be revoked by the principal/school nurse if it is determined that the student cannot safely and effectively self-administer.

Parent/Guardian Signature

Date

School Nurse/Office Personnel Reviewed

Date

A copy of the Health Care Plan will be kept in the substitute folder and given to all staff members involved with the student.