

NORTHERN LEHIGH SCHOOL DISTRICT

SECTION: PUPILS

TITLE: USE OF MEDICATIONS

ADOPTED: March 10, 1997

REVISED: March 3, 2003

<p>1. Authority</p> <p>2. Definition</p> <p>3. Guidelines</p> <p>SC 510 Title 22 Sec. 7.13</p> <p>Pol. 210-AR</p>	<p style="text-align: center;">210. USE OF MEDICATIONS</p> <p>The Board shall not be responsible for the diagnosis and treatment of student illness. The administration of prescribed medication in accordance with the direction of a parent/guardian or family physician to a student during school hours will be permitted only when failure to take such medicine would jeopardize the health of the student.</p> <p>For purposes of this policy, medication shall include all medicines prescribed by a physician, or non-prescription medication requested by a parent or guardian.</p> <p>When school personnel are requested by parents to administer or supervise the administration of medication, the policy outlined below should be followed:</p> <ol style="list-style-type: none"> 1. Administration of medication to pupils shall be done only in exceptional circumstances when the child's health or well being may be jeopardized without it. 2. Medication will be administered only by mouth. School personnel are not to give any injections, unless the student's immediate health is endangered. <p>With written parental/guardian consent and a written statement from their family physician indicating the necessity for the administration of an inoculation, the nurse or designee act on behalf of the parent/guardian.</p> <ol style="list-style-type: none"> 3. A written authorization for medication shall be required of the parent or guardian who shall indicate the necessity for the medications being given to the child during school hours, the name of the medication, when it is to be given, the dosage, pharmacy, and the name of the prescribing physician.
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All controlled substances as listed by the Federal Narcotics Act (such as ritalin, dexedrine, and codeine) must have written authorization from the prescribing physician as well as parental authorization. A new authorization must be placed on file with the school nurse every year. Except for controlled substances, the prescription container from the pharmacist may be used as proof of the doctor's order.

4. All medications must be hand-delivered by a parent or responsible adult to the school nurse's office or school office for all elementary students. All controlled substances must be hand-delivered by a responsible adult for both elementary and secondary students. Secondary students must bring all other medication directly to the health office with proper instructions and authorization.

Exception: Students may carry inhalers and/or epipens if they provide a signed letter from the physician authorizing them to do so. A new letter must be placed on file with the school nurse every year.

5. Medication must be marked with the pupil's name, name of physician, dosage of drug to be given, and in the original container with original pharmacy label. Non-prescription drugs must also be in their original container.
6. A medication drug log will be maintained for every student to whom medication is administered at school.
7. The school nurse must be notified of all new medication or change of dosage/time of the administration of medication.
8. When medication must be administered to a student during school hours outside the health room (example: field trips), the principal must designate who shall administer medication to a student. If a designee is not available to administer the medication, there will be no administration of the medication and the parent/guardian will be notified.
9. The policy shall be communicated to parents annually.

Illness

At the discretion of the school nurse or designee, the parent/guardian should be contacted and asked to come for the child or to arrange for transportation. When the nurse is working in the building at the time, s/he will take care of notifying the parent; otherwise, the principal should assign someone.

If the illness is questionable, the nurse should be called.

If the parent cannot be reached at work or at home, contact the person named by the parent on the emergency card to be notified in their absence.

Accidents/Reporting

Good judgment must be exercised by staff members in distinguishing degrees of emergencies. Only emergency first aid will be rendered in school. Accidents which happen at home or chronic ailments should be treated at home. Any dressing applied outside of school may not be removed by school personnel. If the nurse is not in the school, first aid for minor accidents should be rendered by a responsible member of the school staff.

In case of any school emergency, sudden illness, or accident, the policy established by the school medical advisor should be followed.

Accident record keeping's basic purpose is to provide information for and support to a comprehensive safety education program for all children and school employees.

School employees should report accidents involving students to the school nurse and/or principal as soon as possible, and in all cases on the same day it occurs.

An accident report should be initiated by the staff member in charge of the student at the time of the accident and will be sent to the Superintendent and the Business Manager.

Accident reports support the safe and efficient operation of the school system as well as the protection and education of the students. In addition, careful analysis and study of the reports have far reaching implications for buildings, equipment, curriculum practices and administration.

Some specific goals of the accident reporting process shall be:

1. To protect students, teachers and administrators from physical deficiencies or the school buildings and grounds.
2. To measure uses of the school and grounds (such as movements of pupil group during peak times and in certain areas of the school) and to modify conditions so as to reduce congestion and accidents.
3. To provide information on kinds of accidents and the areas in which they occur and to adjust safety instruction in an effort to reduce the number of future mishaps.

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| | <ol style="list-style-type: none">4. To reveal gaps in the instructional program which may be filled by well planned safety educational experiences.5. To determine relationships between accident experiences and school population, i.e., are falls caused by faculty traffic patterns during class changes, or, are a few children, which cause them to be unable to cope with the traffic patterns.6. To protect the school and school personnel from suffering unfortunate publicity and from becoming involved in litigation arising out of accident cases. |
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