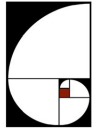


Policy: Medical: Self-Carry and Self-Administration of prescription or non-prescription medication

Approved February 22, 2024

Thomas MacLaren School may permit a student to possess and self-administer prescription or non-prescription medication, other than epinephrine auto injectors and inhalers used for asthma, if all the following conditions are met:

- Student must be in good standing at the school, and approval is contingent upon review of any safety or behavioral plan in consultation with HOS/AHOS-Student Life.
- Written authorization signed by the student's health care practitioner must be on file with the school. This authorization must include the student's name; medication name, purpose, prescribed dosage, frequency, and length of time between doses of the medication(s) to be self-administered; and confirmation that the student has been instructed and is capable of self-administration of the medication.
- Written permission signed by the student's parent/guardian allowing the student to take the medication at school must be on file with the school.
- The student may not possess more than a one-day supply of medication. The medication must be kept in the original, properly labeled container per our regular medication guidelines.
- The school nurse, the student's health care practitioner, and the student's parent/guardian will collaborate to assess the student's knowledge of the condition and ability to self-administer medication using a "Medication Self-Carry Contract."
- The completed "Medication Self-Carry Contract" signed by the student's parent/guardian and the student's health care practitioner must be on file with the school. It must include permission for the student to self-administer the medication and a release from liability for any injury arising from the student's self-administration of such medication, as well as assigned levels of responsibility for the student's parent/guardian, the student, and the school employees.
- Self-administration of the medication may occur during school hours, at school-sponsored activities, or while in transit to and from school or school-sponsored activities.
- Self-administration must follow the medication label instructions.
- At no time is the student permitted to share medication intended for self-administration or leave medication unattended.
- A treatment plan authorizing a student to possess and self-administer medication is effective for a full year; however, this contract can be revoked for any student at any time by the school nurse for failure to follow the provisions of the contract.
- It is the responsibility of the student to notify the health office if they have self-administered any self-carry/self-administer medication that the health care provider has ordered, as further care may be needed and notification of parents may be necessary.



CONTRACT FOR STUDENT SELF-CARRY AND
SELF- ADMINISTRATION OF PRESCRIPTION OR
NON-PRESCRIPTION MEDICATIONS

Student Name _____ Grade: _____

Date of Birth: _____ Name of Medication: _____

If more than one dose is ordered, length of time between dosages of meds to be self-administered: [OBJ]

Special instructions/side effects: _____

PHYSICIAN

Physician:

- ♦ I have instructed the student in the correct and responsible use of the medication(s).
- ♦ I confirm that the student is capable of administering the prescribed medication(s).

Physician Signature _____ Date _____

Physician Name (Print) _____

Office Phone: _____

PARENT / GUARDIAN

Parent/Guardian:

- ♦ My child understands his/her need for this medication(s). He/She understands the importance of letting parents and school staff know when he/she is having more difficulty than usual with his/her condition.
- ♦ I give permission for my student to keep his/her medication(s) with him/her and to self-administer this medication(s) in the school setting.
- ♦ I agree to be responsible for ensuring that only **one day's dose of the medication(s)** is brought to school each day in the original container with the prescription label that includes the student's name, name of medication, dosage, and the name of the prescribing provider and that the medication(s) is not expired.
- ♦ I agree to regularly review with my child the proper use of his/her medication(s) to include frequency of use, procedure, and documentation of usage when at school.
- ♦ I agree to regularly review the status of my child's condition with him/her and with his/her physician and to notify the physician when my child is having more difficulty than usual.
- ♦ I agree that Thomas MacLaren School, school employees, or the school nurse is not liable for damages if there is an act of omission related to my child's use of his/her medication(s) unless the damages were caused by the willful or wanton misconduct or disregard of the criteria of the treatment plan.

Parent Signature _____ Date _____

Parent Name (Print): _____

STUDENT

Student:

- ♦ I agree to use my medication(s) as prescribed by my doctor above. I understand my triggers, symptoms, and treatment plan.
- ♦ I agree to keep my medication(s) with me at school.
- ♦ I agree to go to the health office after taking my medication(s) for further care and observation and to let them know I have used it and to document the time of administration.
- ♦ I agree never to share my medication(s) with anyone.
- ♦ I realize it is important for me to tell an adult in the school health office, as well as my parents, if I am having more difficulty than usual with my condition.
- ♦ I understand that the freedom to manage my medication(s) independently is a privilege and I agree to abide by this contract.

Student Signature _____ Date _____

Student Name (Print) _____

SCHOOL NURSE

School Nurse

- ♦ I agree to notify staff that have the “need to know” about this student’s condition and the need to self-carry and self-administer this medication(s).

Nurse signature: _____ Date _____

Nurse Name (Print) _____