

Guidelines for the Administration of Medication in School

Committee on School Health

Many children and adolescents are able to attend school because of the effectiveness of their medication. The health circumstances requiring medication are diverse. Medication may be essential for continued functioning, either as a component of an elaborate treatment plan for the student with a complex disability or as the only treatment necessary for a student to maintain or regain control of his/her chronic illness. In rare instances medications may be necessary for life-threatening emergencies. For most students, the use of medication will be a convenient benefit to control acute minor or major illnesses, allowing a timely return to the classroom with minimal interference to the student and to others. A student may also symptomatically benefit from nonprescription medications.

SCHOOL POLICY

The school board and the school superintendent, in conjunction with other school personnel and in collaboration with the physician or medical advisory committee for each school (district), should develop a policy for the administration of medication in the school setting. The guidelines should indicate what age and/or class levels are included, such as kindergarten through grade 12 or, alternatively, separate guidelines for different grades. Individual school districts also should seek the advice of counsel as they assume the responsibility for giving medication during school hours. Liability coverage should be provided for the staff, including nurses, teachers, athletic staff, principals, superintendents, and members of the school board. Any student who must take medication during regular school hours should do so in compliance with the school's regulations.

The American Academy of Pediatrics recommends that each school include or consider the following sections in its medication policy.

PHYSICIAN-PRESCRIBED MEDICATIONS

1. The school should require a written statement from the physician that provides the name of the drug, the dose, the times when the medication is to be taken, and the diagnosis or reason the medicine is needed, unless the reason should remain confidential.

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

This statement has been approved by the Council on Child and Adolescent Health.

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2. The physician should alert the school when a student might experience a serious reaction while receiving prescribed medication. The school may facilitate this communication by having a check-off space on its medication form to highlight this possibility.
3. The physician also should alert the school when the medication prescribed may cause a severe reaction even when administered properly. Any necessary emergency response should be outlined by the physician, either directly on the form or as an attachment describing the appropriate treatment.
4. The physician should state whether the child is qualified and able to self-administer the medication.
5. The parent or guardian should provide a written request that the school district comply with the physician's order. This may be a preprinted statement as a separate form, or the parent/guardian may indicate approval by signing on the same medication form used by the physician.

PARENT- OR SELF-PRESCRIBED MEDICATIONS

The school should consider the symptomatic benefits of self-prescribed medications vs issues of school safety and security of drug use. Medications are "prescribed" by parents who desire to facilitate their children's medical recovery and return to the school setting. Some schools may consider that any child who is ill enough to require medication should either stay at home or see a physician who can decide whether it is safe for him/her to return to the school setting. The school realities include safeguarding other children and staff from contagious disease, preventing disruption to the classroom environment by symptomatic students, and concern about the sharing of medication between classmates. The social realities of working parents, often in jobs that do not allow for "sick day" benefits to attend to their children's illnesses, may require that parents send their child to school. Because of these realities, it may become necessary to consider the possibility of self- or parent-recommended medications for children.

Therefore, the American Academy of Pediatrics recommends that schools consider developing guidelines for allowing children with minor illnesses into the classroom, with appropriate attention to recognized contagious disease policies and to pertinent state codes. It also recommends that students (especially older youth) be allowed to self-medicate at school with over-the-counter medications when the parent has provided an appropriate note to the school specifying the medication, the amount of

medication to be given, the time it may be taken, and the reason for its administration. The parent's note should include a statement relieving the school of any responsibility for the benefits or consequences of the medication when it is parent-prescribed and self-administered and acknowledging that the school bears no responsibility for ensuring that the medication is taken. The school should retain the note for at least the duration of time the medication is used at school. It is preferable that the note remain a permanent part of the student's school health record. The school should reserve the right to limit the duration of parent-prescribed medications and/or to require a physician statement for continued use of any medication beyond a specified time period. The school also should restrict the availability of the medication from other students, with immediate confiscation of the medication and loss of privileges if medication policies are abused or ignored.

Special consideration may need to be given to adolescents for self-prescribing medications without parental request. Depending on the school's size and need for security regarding drug use, the school may require the same policy as is required for younger children.

SECURITY AND STORAGE OF MEDICATION

All prescription medications brought to school should be in a container appropriately labeled by the pharmacist or the physician. All over-the-counter medications should be in their original container.

The school should make secure storage available for all medications, especially when administered by school personnel. The storage of self-administered medications is important when the school determines that the nature of the medication or the school environment requires greater security or when the student is too young or unreliable to personally maintain safe use. The parent or physician should request that medications be secured by the school when this is appropriate. Some medications will require refrigeration. All parenteral medications and all drugs controlled by the Drug Enforcement Agency must be appropriately secured by the school.

A student may be allowed to carry his/her own medication when it does not require either refrigeration or security as determined by the school and when the school has granted permission for the student to take the medication. The school may require that a student demonstrate the capability for self-administration and for responsible behavior. The school may need to develop a "medication pass" that the student can show to any inquiring school personnel to verify that he/she has school permission for carrying and taking medication.

For selected medications or circumstances, the school should consider the convenience of administering a medication when the treatment may have an impact on the medical outcome. Prepared syringes of epinephrine for treating serious allergic reactions are one example. Answers to questions, such as where the medication will be stored, who is responsible for the medication, and who will carry the medication for field trips, should be defined in advance in order to maintain medication security and safety while ensuring timely treatment.

As policies and related procedures are determined, school administrators and physicians must be aware of the variations among states regarding legal requirements and constraints on who can legally administer medications in schools. Protection of the safety of the child (including immediate access to life-sustaining medications, eg, epinephrine for severe insect bite allergies) and of the legal rights of school personnel who dispense medications must share equal concern. The rights of children to take ever-increasing responsibility for their own health should be strongly considered. When state codes or statutes prohibit such self-administration of medication or a child's or parent's right to participate in other health procedures, advocacy efforts by the school on behalf of the child are indicated and should be strongly considered. We recommend that advice of knowledgeable school medical consultants and legal counsel experienced in school health affairs be sought as these policies, procedures, and monitoring guidelines are determined.

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