

## **Tulsa Classical Academy Medication Administration Policy**

### **Non-prescription medications**

Non-prescription medication will only be administered in the nurse's office at school with authorization of the parent/guardian when other activities, such as rest or changing activities, are ineffective. School personnel will not administer any medication without the consent of the parent/guardian, unless an emergency arises requiring life-saving medication administration. All medication will be administered in accordance with label directions or written instructions from the student's physician when authorization is present.

### **Prescription Medication**

Prescription medications will be administered as follows:

- The student's medication will only be administered with written authorization and instructions from the parent and physician.
- The medication must be in the original container that indicates:
  - Student's name, name & strength of medication, expiration date, dosage, directions for administration, name of the licensed prescriber
  - Date filled, name, address and phone number of the pharmacy.
- It is the responsibility of the parent/guardian to maintain the supply.
- Students with asthma and/or allergies must fill out an action plan form along with the "Permission to Administer Medication at School" form (see below).

### **Emergency Administration of Medication**

Parents/guardians requesting emergency medication administration to a student for allergies and/or asthma will be required to complete a "Permission to Administer Medication at School" form along with an action plan form for asthma and/or allergies at the beginning of each school year. The form lists prescription & nonprescription medications, interventions, physician orders for emergency situations, and medically-diagnosed allergic condition(s) requiring prompt treatment to protect the student from harm or death.

\*\*\*Emergency care such as CPR, first aid, ambulance service, etc. will always be implemented as appropriate. In case of an anaphylactic reaction or the risk of such reaction, the school nurse or other authorized employee will administer authorized emergency medications, which may include injectables, to the student. When medications are given in an emergency, the parent/guardian will be notified as soon as possible. The recording and documentation of medication administration will be completed by the school nurse or other authorized personnel.

### **Self-Carry & Self-Administer Medications Policy**

An exception to the Administration of Medication policy in the TCA handbook for students to self-carry medications will only be made for emergency medications for asthma and/or allergies. Carrying medication and the self-administration of medication without specific prior permission is strictly prohibited. Only those medications that are

considered to be life-sustaining, such as inhalers or epi-pens, may be carried by responsible, age-appropriate students with written permission. No other over-the-counter or prescribed medications may be student-carried under any circumstance at school. All over-the-counter & prescribed medications, other than emergency medications used for allergic reactions and/or a reactive airway, must be kept in the nurse's office & administered/monitored by designated school personnel.

- A completed "Permission for Student to Self-Carry and Self-Administer Medication" form must be completed & on file with the school nurse before any medication can be carried by a student.
- A new form is required each school year.
- In the event of a change in dosage amount or time of administration, a new form must be completed.
- Prescription medication must be in a pharmacy container and/or properly labeled by a pharmacist or licensed physician. The label must contain the following: name of student, time to be administered, current date, physician's name, name of medication & dose, pharmacy name and phone number.
- Medications may not be self-administered in a manner other than that specified on the label without written instructions from a licensed physician.
- It is the responsibility of the prescribing physician and/or the parent/guardian to educate the student regarding all aspects of self-administration and custody of medications.
- Any student who carries an approved medication is responsible for safeguarding that medication.
- Employees of TCA will not be responsible for monitoring administration, effects, custody, disposal, or any other aspect of student-carried medications. These responsibilities rest with the student and parent/guardian. The school district and its employees shall incur no liability as a result of any injury arising from the self-administration of medication by any student.
- Permission to carry medication may be withdrawn for failure to comply with any aspect of this policy.

Please contact Tiffany McCrackin RN, BSN (school nurse) in the nurse's office if you have any questions.

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## Tulsa Classical Academy

### Permission to Administer Medication at School

Tulsa Classical Academy does not permit routine administration of medication during the school day, except by written permission from a parent/guardian. If administering medication to your student during the school day is deemed necessary by your physician, please submit this completed form, along with the medication, to the nurse in a clear, ziplock bag, labeled with students name, grade, & teacher in Sharpe. A new form must be filled out for each change of medication & for each new school year. All medication will be administered by the school nurse or other designated TCA official (see policy).

#### **To Be Completed by Parent/Guardian:**

I request the school nurse, or other designated person, administer the medication as prescribed by my physician during school hours.

Effective date: \_\_\_\_\_

Student's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent/guardian name: \_\_\_\_\_

Parent/guardian phone #: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Medication Information:**

Diagnosis: \_\_\_\_\_

Medication & dose: \_\_\_\_\_

Time medication is given: \_\_\_\_\_

Comments: \_\_\_\_\_

Physician name: \_\_\_\_\_

Physician phone #: \_\_\_\_\_

Please return this form to the school nurse.

\*\*\*Form may be emailed: [tmccrackin@tulsaclassical.org](mailto:tmccrackin@tulsaclassical.org)