

METHUEN PUBLIC SCHOOLS
METHUEN, MASSACHUSETTS

LICENSED PROVIDER REQUEST FOR ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS

I, the undersigned licensed provider, request that the school nurse or other designated person administer the medication I have prescribed below. I certify that failure to administer the medication may jeopardize the health of my patient.

STUDENT NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

PARENT/GUARDIAN: _____

PROVIDER NAME: _____

ADDRESS: _____ TELEPHONE: _____

DIAGNOSIS OF STUDENT: _____

NAME, DOSE, AND ROUTE OF ADMINISTRATION OF PRESCRIBED MEDICATION (S):

SPECIFIC TIME/CIRCUMSTANCE UNDER WHICH MEDICATION IS TO BE ADMINISTERED IN SCHOOL:

POSSIBLE SIDE EFFECTS OF MEDICATION: _____

DURATION OF ORDER FOR PRESCRIBED MEDICATION AT SCHOOL: _____

IS STUDENT TAKING ANY OTHER MEDICATION? (Please list)

DO YOU WANT THIS STUDENT TO SELF-ADMINISTER HIS/HER OWN MEDICATION?
(Asthma inhalers and Epi-pens only) YES _____ NO _____

CURTAILMENT OF SCHOOL ACTIVITY? Yes _____ No _____
(Please specify: sports, lab, gym, etc.) _____

PROVIDER SIGNATURE _____ DATE _____

PARENTAL PERMISSION

I hereby give my permission to administer medication as prescribed by the family physician to the above named child.

Date

Parent/Guardian Signature

EMERGENCY HEALTH CARE PLAN

Place
Child's
Picture
Here

ALLERGY TO: _____

Student's Name: _____ D.O.B: _____ Teacher: _____

Asthmatic Yes* No *High risk for severe reaction

SIGNS OF AN ALLERGIC REACTION INCLUDE

Systems:

- MOUTH
- THROAT*
- SKIN
- GUT
- LUNG*
- HEART*

Symptoms:

- itching & swelling of the lips, tongue, or mouth
- itching and/or a sense of tightness in the throat, hoarseness and hacking cough
- hives, itchy rash, and/or swelling about the face or extremities
- nausea, abdominal cramps, vomiting, and/or diarrhea
- shortness of breath, repetitive coughing, and/or wheezing
- "thready" pulse, "passing-out"

The severity of symptoms can quickly change. *All above symptoms can potentially progress to a life-threatening situation!

ACTION:

1. If ingestion is suspected, give _____ medication/dose/route and _____ immediately!
2. CALL RESCUE SQUAD: _____
3. CALL: Mother _____ Father _____ emergency contacts
4. CALL: Dr. _____ at _____

DO NOT HESITATE TO ADMINISTER MEDICATION OR CALL RESCUE SQUAD EVEN IF PARENTS OR DOCTOR CANNOT BE REACHED!

_____ M.D. _____
 Parent Signature Date Doctor's Signature Date

EMERGENCY CONTACTS	TRAINED STAFF MEMBERS
1. _____ Relation: _____ Phone: _____	1. _____ Room _____
2. _____ Relation: _____ Phone: _____	2. _____ Room _____
3. _____ Relation: _____ Phone: _____	3. _____ Room _____

MEDICATION ADMINISTRATION PLAN

Name of Student: _____ Date of Birth: _____ Parent/Guardian Name: _____
School: _____ Grade: _____ Home Telephone: _____
Name of Licensed Prescriber: _____ Business Telephone: _____
Emergency Telephone: _____

Food/Drug Allergies: _____ Diagnosis: _____
(if not a violation of confidentiality)

Name of Medication: _____ Duration of Order: _____
Dosage: _____ Frequency: _____ Route of Administration: _____

Specific Directions, e.g., times to be given: _____

Possible Side Effects, Adverse Reactions: _____

Required Storage Conditions: _____

Delegated to (if applicable): _____

Plans for teaching self administration, if applicable: _____

Other persons to be notified of medication administration (with parental permission): _____

Other medications being taken by the student (if not in violation of confidentiality): _____

Location where medication administration will occur: _____ Health Room: _____ Other (specify): _____

Plan for monitoring medication, if needed: _____

School Nurse Signature: _____ Parent/Guardian Signature: _____

Date: _____ Date: _____

*Signature of Delegate: _____ Student's Signature (if appropriate): _____

Date: _____ Date: _____

*For use only if student participates in a fieldtrip

Back-up Plans (if delegatee unavailable): _____

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
School Health Unit
Medication Administration
COMPETENCY SKILL CHECK LIST

(To be completed at the time the staff person (other than school nurse) administers medication for the first time via each route)

Name & Title of Staff Person: _____

Date: _____ Medication Name: _____

Route (circle): oral tablet, oral liquid, topical, drops -- eye, ear, nose,
other _____

- _____ Identifies student
- _____ Asks student how he/she feels
- _____ Observes student
- _____ Reads medication administration plan
- _____ Washes hands
- _____ Checks label of medication
- _____ Prepares medication properly
- _____ Reads label of medication a 2nd time
- _____ Reads label of medication of 3rd time and administers correctly
- _____ Replaces medication in cabinet or refrigerator
- _____ Documents in medication log

Comments:

Signatures: Supervised by _____ R.N.

Staff Person _____

MEDICATION DELEGATION FORM FOR FIELD TRIPS

MEDICATION: Epi Pen
USE: Allergic emergency (anaphylaxis)
SIDE EFFECTS: Increased pulse rate

PROCEDURE FOR ADMINISTRATION:

1. Nurse will inform delegate of students having prescribed epi-pen.
2. Nurse will inform delegate if student knows how to use epi-pen and has written authorization to carry it on his/her person and self-administer.
3. Nurse will instruct delegate how to use epi-pen.
4. Delegate will administer or supervise the self-administration of epi-pen and note time of administration and sign in space provided. Delegate should be assigned to chaperone this student.

NURSE'S DIRECTIONS

Name of Student	Grade	Teacher	Nurse's Initial
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Reason for Prescription: _____

Medication and Strength: _____

Time administered: _____ Delegate signature: _____

ACCEPTANCE OF DELEGATION

I have been instructed in the administration of this medication by _____
(name of school nurse)

I understand the information and accept the responsibility for administering the medication to the student in accordance with Methuen School policy and procedures for the delegation of medication on field trips.

Signature of Delegate: _____	Date: _____
Signature of Nurse: _____	Date: _____
Signature of Parent: _____	Date: _____

HOW TO USE EPI-PEN

Epi-Pen - - Epinephrine Auto-Injector for allergic emergencies (anaphylaxis)

After student has stated to you that he/she has been stung (bee sting allergy) or states he/she has ingested something that he/she is known to be allergic to and for which Epi Pen was prescribed (i.e. nuts, seafood) do the following:

1. Have someone contact the ambulance. **Call 911**
2. Compare name on Epi-Pen label with student's name.
3. Pull off gray safety cap.
4. Place black tip on thigh at right angle to leg (do not inject anywhere but the thigh).
5. Press hard into thigh until auto-injector mechanism functions and hold in place for 5 seconds (1-1000, 2-1000, 3-1000, etc.).
6. Remove Epi-Pen and massage the injection area for 10 seconds.
7. Delegate should accompany student to the nearest hospital.
8. Contact the school nurse.

POLICY CONCERNING THE ADMINISTRATION OF MEDICATION TO STUDENTS

Medications ~ whether prescription or non-prescription, shall be administered to students on a daily basis by the school nurse; and/or those delegated by her on field trips.

In the event that a student requires non-emergency medication during the course of a school day, such medication must be administered by the school nurse or the parent/guardian, or delegate. The parent/guardian must notify the school nurse of such need ahead of time. If the parent is to administer medication it must be given at the school's nurse's office. Medication to be administered by the school nurse must be brought into the nurse's office at the beginning of the school day and must remain in the office for the duration of treatment. Students are not to administer medication to themselves, nor are they to possess medication during the school day without the knowledge and approval of the school nurse. In order for a student to carry an inhaler or EpiPen, the school nurse will require a permission slip signed by the student's parent/guardian and physician.

If a student has a condition which requires emergency medication such as Epi-pen or Glucagon, such medication will be administered by the school nurse if she is present. If the school nurse is not present when the emergency arises only Epi-pens may be administered by a delegated staff member. If a student has a condition which requires medication it is the responsibility of the parent/guardian to do the following:

- A. Provide the medication in its original container with a pharmacy label including the student's name, name of the medication, dosage, instructions for administering, prescription number, and physician's name.
- B. Insure that the medication is sufficient in quantity and is replaced when necessary.
- C. Sign and submit, at least annually, to the school nurse, a standardized authorization, which may be obtained from the nurse's office, to be signed by the prescribing physician and to include all the information in "A" above.
- D. Parent or guardian must provide controlled substances in an amount sufficient (usually 30-day supply) to administer medication to child without disruption in the child's daily routine. They are to be counted by the parent/guardian in the presence of the school nurse and co-signed.
- E. Parents must bring in and pick up medication.

NON-PRESCRIPTION MEDICATION POLICY:

As per standing orders by the "on call" school physician, select non-prescription medications (see Physician Standing Orders) shall be dispensed to school children if the School Nurse deems necessary. Written parental consent must be on file in the health office. Consent is to be renewed annually.

There are very few medications that are necessary during school hours!

Methuen Public Schools places the highest priority on the health, safety and well being of its students. As part of our commitment to our students and the school community, we have adopted a policy whereby students who require the use of narcotic medication will not be permitted to attend school. Narcotics, such as Percocet, Vicodin, Oxycontin are very powerful drugs and are very effective in reducing pain. They also possess serious side effects such as drowsiness, dizziness and respiratory depression. Therefore, if your child requires narcotics for relief of their pain they should remain at home where their side effects and pain levels can be monitored more closely. Over the counter pain medications such as Tylenol (acetaminophen) and Advil (Ibuprofen) are acceptable for in-school use and are available in the health office during school hours. Please feel free to contact your school nurse to discuss particular circumstances.

Narcotics Policy:

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