



Document Number: A-12  
Document Name: Medication Policy  
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Document Status: Approved

### 1.0 Purpose

The purpose of this policy is to authorize personnel of Wasatch Charter School to administer medication to students consistent with applicable law, as well as detail the school’s policy on students being administered medication while at school.

### 2.0 Definition

WCS’s Board of Directors acknowledges that medication should typically be administered by a student or the student's parent or guardian. However, the Board recognizes that situations could arise where the health of a student may require administration of medication during the course of a school day by School personnel.

As long as authorized personnel act in a prudent and responsible manner, Utah law provides that school personnel who provide assistance in substantial compliance with a student's licensed health care provider's written statement are not liable civilly or criminally for any adverse reaction suffered by the student as a result of taking the medication or discontinuing the administration of medication. The Board hopes that this policy will help ensure that WCS personnel act in a prudent and responsible manner in order to protect the health of students and the interests of school personnel.

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### 3.0 Policy Content

#### Administration of Medication by School Personnel

WCS will comply with applicable state and federal laws, including, but not limited to Utah Code Ann.§53A-11-601, regarding the administration of medication to students by school personnel. Accordingly, pursuant to this policy, authorized WCS personnel may provide assistance in the administration of medication to students of the school during periods of time when the student is under the school's control.

WCS Personnel will only administer prescription and over the counter medications to students who have obtained a signed and completed Student Medication Form, including the health care provider section detailing instructions for administering by school personnel.

Glucagon is an emergency diabetic medication used to raise blood sugar. WCS will comply with the requirements of Utah Code Ann. §53A-11-604 in the event the school receives a glucagon authorization request from the parent or guardian of a student.

WCS will comply with the requirements of Utah Code Ann.§§26-41-101, et seq., regarding emergency injection for anaphylactic reactions, in the event any school personnel seeks to become a "qualified adult" under that provision. The Director will establish administrative procedures that comply with applicable laws in order to set guidelines for when and how this will take place.

The Director will consult with the local health department and/or a registered health care professional as needed for assistance in developing procedures and training necessary for effective implementation of this policy. WCS's Executive Director will ensure that school personnel and parents are provided with information about this policy as needed.

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Self-Administration of Medication by Students

Due to the liabilities associated with allowing students to administer their own medication and be in possession of said medication while at the school, WCS has established the policy that self-administration by students will not be allowed.

If students must receive medications while at school, the school administration can be of assistance with administering, pending a note from the doctor and/or parent allowing them to administer those medicines. (See note below)

As an exception, self-administration is allowed if the student could experience conditions that are considered life threatening if the medication is not available and administered by the student or administrator in a timely manner. (For example: Severe Allergies, Severe Asthma, Diabetes, etc.) Doctor and parent note will need to be filled out, returned, and kept in student’s file.

Medical Recommendations by School Personnel

The director will ensure that appropriate school personnel receive training on the provisions of Utah Code Ann. §53A-11-605 regarding medical recommendations by WCS employees.

Administrative Procedures

Administration of Medication Procedures

These procedures are established in accordance with the Administration of Medication Policy adopted by WCS’s Board of Directors.

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## Administration of Medication by School Personnel

In order to ensure safe administration of medication to students, the procedures outlined below must be followed.

1. The Executive Director will designate a reasonable number of WCS employees who will be responsible for administering medication to students in the school.
2. The Executive Director will arrange for all designated school employees to receive adequate training from a licensed healthcare professional prior to administering any medication. Training should include indications for the medication, means of administration, dosage,
3. The student's parent or guardian must complete the parent/guardian section of the Student Medication Form requesting that medication be administered to the student during regular school hours. Parents are responsible for updating the Student Medication Form, as necessary.
4. The student's health care provider must complete the Health Care Provider section of the Student Medication Form indicating the child's name, the name of the medication, the purpose of the medication, the means of administration, the dosage, the time schedule for administration, the anticipated number of days the medication needs to be given at school, and possible side effects. The practitioner must also affirm that giving the medication during school hours is medically necessary.
5. A Student Medication Log must be maintained for any student who has medication administered at school, and all employees authorized to administer medication will be notified regarding each student to whom they are authorized to administer medication.
6. Each time medication is given, the person who gave it must document the administration. If the medication is not administered as scheduled, a notation must be made on the Student Medication Log as to why the medication was not given, and the student's parent or guardian must be notified.
7. The Student Medication Form and Student Medication Log will be retained in the student's records.

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- 8. Teachers of the student receiving medication during school hours will be notified.
- 9. Medication must be delivered to the school by the student's parent, guardian, or designated adult.
- 10. Medication should be delivered to the school in a container properly labeled by a pharmacy, manufacturer or health care provider. Labeling must include the student's name, the name of the prescribing practitioner, date the prescription was filled, name and phone number of the dispensing pharmacy, name of the medication, dose, frequency of administration, and the expiration date.
- 11. Medication must be stored in a secure, locked cabinet or container in a cool, dry place, except that:
  - a. Medications that require refrigeration must be stored appropriately;
  - b. Insulin or emergency medications such as EpiPens, Twinject Auto-Injectors, asthma inhalers and glucagon must not be stored in a locked area, so that they are available when needed.
- 12. Authorization for administration of medication by WCS personnel may be withdrawn by the school at any time following written or verbal notice to the student's parent or guardian, as long as this action does not conflict with federal laws such as IDEA and/or section 504 of the Rehabilitation Act. The director may withdraw authorization for administration of medication in cases of noncompliance or lack of cooperation by parents or students unless the student's right to receive medication at school is protected by laws such as IDEA or section 504.

### AUTHORIZATION OF SCHOOL PERSONNEL TO ADMINISTER MEDICATIONS

Name of Student:

\_\_\_\_\_

DOB:

\_\_\_\_\_

Address:

\_\_\_\_\_

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Home Phone:

\_\_\_\_\_  
Parent/Guardian:

\_\_\_\_\_  
Cell Phone:

\_\_\_\_\_  
Work Phone:

\_\_\_\_\_  
Emergency Contact:

\_\_\_\_\_  
Phone:

\_\_\_\_\_  
School/Teacher:

\_\_\_\_\_  
Name of licensed health care provider completing form:(please print)

\_\_\_\_\_  
Licensed Health Care Provider’s Statement:

1. Name/Type of medication:

\_\_\_\_\_  
2. Dosage/Amount to be given:

\_\_\_\_\_  
3. Frequency/Times to be administered:

\_\_\_\_\_  
4. Duration (week, month, indefinite, etc.):

\_\_\_\_\_  
5. Anticipated reactions to medication (symptoms and/or side effects for underdose/overdose, etc.):

\_\_\_\_\_  
\_\_\_\_\_

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Signature of Licensed Health Care Provider

Date

Parent/Guardian Request/Approval:

I hereby request and give my permission for the above named student to receive the specified medication as stated in the above instruction from the health care provider. I understand that the school administration will designate specific staff to administer medication, train staff, assure proper identification and safekeeping of medication, and maintain records of such administration of medication.

I further understand that school personnel who provide assistance (administration of specified medication so noted) or employer of such staff are not liable, civilly or criminally, for any adverse reaction suffered by my child as a result of taking the medication so indicated and discontinuing the administration of the medication in keeping with the procedure outlined above.

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Signature of Parent/Guardian

Date

#### 4.0 Relevant Procedures, Guidelines & Restrictions

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**5.0** Policy Owner

**6.0** Exhibits / Appendices / Forms

**7.0** Supporting Information

**8.0** Document History

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