

**NORTHWEST SCHOOL DISTRICT POLICY FOR
CARRYING EMERGENCY MEDICATION ON PERSON AT SCHOOL AND ON BUS**

While it is District Policy for medication to be stored in the nurse's office, there are times when, the best interest of the child's health, emergency medication should be carried by the student throughout the school day and on the bus. Each of these situations must be evaluated individually. The physician may, by written order, initiate the guidelines allowing the student to carry emergency medication during school hours/school sanctioned events.

Written physician order, including prescription for use (drug, frequency, and precautions), necessity to carry on person, verification that student has been instructed in the medical necessity for it, and how to use it must be on file in the nurse's office.

Parent's written consent for the child to use specific medication at school and for child to carry medication on person must be on file. This relieves school personnel of responsibility for administering this medication.

The nurse will conference with parent and child regarding need for medication, expected results from medication, and steps to be taken if results are not obtained within the expected time frame.

The student will demonstrate ability to properly use emergency medication, agree to self-chart times medication is used and see nurse if desired effects are not obtained within the expected time frame, and express understanding of safety factors and responsibility related to carry medication. If it is learned that the student is not complying with physician's instructions or demonstrates lack of ability or understanding to self-administer emergency medication, the nurse will notify those involved to review the situation and make necessary changes in the health care action plan/allergy action plan.

The situation will be re-evaluated anytime there are major changes in the child's medical condition and /or treatment plan, and anytime the child misuses the medication or shows lack of responsibility in handling the emergency medication .

The student, parent, building principal, and school nurse will sign the "Permission to Carry Emergency Medication on Person at School and on Bus" form each school year.

Student: _____ Principal: _____

Parent: _____ Nurse: _____

To provide the best possible health care for the student it is required that one nearly empty inhaler/medication be kept in the school medicine cabinet as a back-up to the one carried by the student. It will be used if the student should come to school without an inhaler/medication, or if the one carried malfunctions, or is depleted during the school day.

Form 2870.2 – Emergency Medication Permission

All students using an emergency medication at school or on the bus will be asked to return this completed form to the Nurse's Office in their building. Please read the information sheet "Carrying Emergency Medication on Person at School and on Bus" before completing this form.

**NORTHWEST SCHOOL DISTRICT
PERMISSION TO CARRY EMERGENCY MEDICATION ON PERSON AT SCHOOL / BUS**

I, the parent/legal guardian of _____, give permission to my child to carry and self-administer the below listed medication(s). I have instructed my child to notify the school staff anytime medication is used. I understand that, absent any negligence, the school shall incur no liability as a result of any injury arising from the self-administration of medication by my child.

Signature of parent or legal guardian

Date

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I, a licensed physician or nurse practitioner, certify that this child has a severe medical condition, has been trained in the use of the medication(s) listed below, and is judged to be capable of carrying and self-administering the listed medication(s). The child should notify school staff anytime the medication/injector is used. This child understands the hazards of sharing medications with others and has agreed to refrain from this practice.

Signature of Health Care Provider

Date

Print Name: _____ Phone#: _____

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Name of Medication #1: _____

Purpose of Medication: _____

Dosage: _____ Route: _____

Time or Interval : _____ Date: _____

Name of Medication #2: _____

Purpose of Medication: _____

Dosage: _____ Route: _____

Time or Interval : _____ Date: _____