

ADMINISTRATION OF MEDICATION: PARENT/GUARDIAN RESPONSIBILITY

1. No medication shall be allowed in the parish school system unless prescribed by a physician, dentist, or other licensed prescriber in the State of Louisiana or an adjacent state.
2. Medication shall be administered when the following requirements have been met:
 - a. The parent/guardian must have the treating physician complete a Grant Parish Medication Order form.
 - b. The parent/guardian must complete a Grant Parish Parent Medication form.
 - c. Parent/Guardian must contact the Grant Parish School Nurse Dept. at 627-3274 and schedule a medicine conference with the nurse **prior to the administration of any medications**. At this time, a medication packet will be completed.
 - d. Parent/Guardian must notify the school of any changes in medication type, time, or dosage.
3. After all requirements listed above are met, the parent/guardian may take the completed medication packet along with a **30-day** supply of prescribed medication to the school.
4. All prescription medication shall be kept in a locked container. Only the principal, school nurse, or trained medication personnel shall have access to the medication.
5. The school nurse or assigned trained medicine personnel will administer the medications.
6. Parent/Guardian must complete this process annually at the beginning of the school year. Medication orders do not carry over year to year.
7. A prescription from a physician, dentist, or other authorized prescriber must be obtained even for over the counter medications.
8. Parent/Guardian must supply a list of other medications that the student is currently on at home if this list is not a violation of confidentiality or contrary to the request of parent/guardian/student.
9. Parent/Guardian must arrange for safe delivery of medications to and from school in the original labeled container as dispensed by a Louisiana licensed pharmacist. **Do Not** send medication with the student to school.
10. Unit dose packaging may be used whenever possible.
11. Parent/Guardian shall administer the initial dose of medication outside the school jurisdiction and allow sufficient time for observation of adverse reactions.
12. Parent/Guardian is required to work with school personnel to count in medication and sign a drug receipt each time medication is brought to the school.
13. Medication needed 3 times a day or less shall not be given at school unless specifically instructed by the ordering physician/dentist.

**STATE OF LOUISIANA
 MEDICATION ORDER**

TO BE COMPLETED BY LA, TX, AR, OR MS LICENSED PRESCRIBER
 (In most instances, medications will be administered by unlicensed personnel)

Part 1: PARENT OR LEGAL GUARDIAN TO COMPLETE

Student's Name _____ Birthdate _____
 School _____ Grade _____

Parent/Legal Guardian Name (print): _____

Parent/Legal Guardian Signature: _____ Date: _____

Part 2: LICENSED PRESCRIBER TO COMPLETE

1. Relevant Diagnosis (es): _____
2. Student's General Health Status: _____
3. Medication: _____
4. Strength of Medication: _____ Dosage: _____
 Check Route: By Mouth By inhalation Other: _____
 Frequency: _____ Time of each dose: _____

School medication orders shall be limited to medication that cannot be administered before or after school hours. Special circumstances must be approved by the school nurse.

5. Duration of medication order: Until end of school term _____ Other: _____
6. Desired Effect: _____
7. Possible side-effects of medication: _____
8. Any contraindications for administering medication: _____
9. Other medications being taken by student when not at school: _____
 Next visit is: _____

Prescriber's Name (Printed)	Address	Phone and Fax #'s
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Prescriber's Signature	Credential (i.e. MD, NP, DDS)	Date
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Each medication order must be written on a separate form. Any future changes in directions for medication ordered require new medication orders. Orders sent by fax are acceptable. Legibility may require mailing original to the school. Orders to be discontinued also must be written.

PART 3: LICENSED PRESCRIBER TO COMPLETE AS APPROPRIATE

Inhalants/Emergency Drugs

Release Form for Students to be Allowed to Carry Medication on His/Her Person

Use this space only for students who will self-administer medication such as asthma inhaler.

1. Is the student a candidate for self-administration training? Yes No
2. Has this student been adequately instructed by you or your staff and demonstrated competence in self-administration of medication to the degree that he/she may self-administer her/his medication at school, provided that the school nurse as determined it is safe and appropriate for this student in her/his particular school setting? Yes No
3. If training has not occurred, may the school nurse conduct a training program? Yes No

Licensed Provider's Signature	Date
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PARENT/GUARDIAN CONSENT FOR ADMINISTERING MEDICATION AT SCHOOL
(TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN)

Student Name: _____ Birthdate: _____
Sex: _____ School: _____ Grade: _____ Teacher: _____
Parent/Guardian: _____ Relationship to student: _____
Phone numbers: (home) _____ (cell) _____ (work) _____
Students Mailing Address: _____
Street City ST ZIP

Do you want this medication administered on ½ days? ___ yes ___ no
Is student a **car rider** ___ yes ___ no or does the student ride a bus? Bus # _____ Driver _____
Emergency contacts if Parent/Guardian is not available:
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

List the **student's allergies** (medications, foods, etc...): _____
Describe reaction: _____
Requires Epi-Pen: _____ **Benadryl:** _____

1. I give permission to the school nurse or the designated unlicensed trained personnel to administer _____ to _____ As prescribed by _____
Name of Medication Name of Student Name of Doctor\Dentist

2. I give permission to the school nurse to share with appropriate school personnel information (such as adverse side effects) relative to the above mentioned medication as the nurse deems necessary for the above mentioned child's safety. YES: _____ NO: _____

3. I understand that I may only pick up the medication from school with a note from the doctor stating that the child will no longer take the medication at school and that **I must pick up any unused medication within 3 working days after the last day attended by student for the school year or it will be destroyed.**
YES: _____ NO: _____

The Grant Parish School Board Medication policy states:

"The school and its employees shall incur no liability as a result of any injury sustained by the student from the self-administration of medications used to treat asthma or anaphylaxis. The parent or other legal guardian of the student shall sign a statement acknowledging that the school shall incur no liability and that the parent or other legal guardian shall indemnify and hold harmless the school and its employees against any claims that may arise relating to the self-administration of medications used to treat asthma or anaphylaxis."

"A student who uses any medication permitted by this policy in a manner other than as prescribed shall be subject to disciplinary action; however, such disciplinary action shall not limit or restrict such student's immediate access to such prescribed medication."

Signature of Parent/Guardian: _____

Relationship to student: _____ Date: _____

**PARENT/GUARDIAN and STUDENT: STATEMENT OF UNDERSTANDING
REGARDING SELF-ADMINISTRATION OF MEDICATION AT SCHOOL**

Student: _____ Birth date: _____

School: _____ Grade: _____ Teacher: _____

Parent: _____

The Grant Parish School Board Medication policy states:

“The school and its employees shall incur no liability as a result of any injury sustained by the student from the self-administration of medications used to treat asthma or anaphylaxis. The parent or other legal guardian of the student shall sign a statement acknowledging that the school shall incur no liability and that the parent or other legal guardian shall indemnify and hold harmless the school and its employees against any claims that may arise relating to the self-administration of medications used to treat asthma or anaphylaxis.”

“A student who uses any medication permitted by this policy in a manner other than as prescribed shall be subject to disciplinary action; however, such disciplinary action shall not limit or restrict such student’s immediate access to such prescribed medication.”

Parent/Guardian Signature: _____

Relationship: _____ Date: _____

IMMUNIZATION POLICY

The Board shall require all students entering school for the first time to present satisfactory evidence of immunization against preventable communicable diseases according to a schedule approved by the Louisiana State Office of Public Health (LA OPH), or shall present evidence of an immunization program in progress. Any student failing to meet the immunization standards shall be prohibited from attending school until such time as the immunization standards are met. The school nurse department shall be responsible for checking student’s records to see that the provisions of this policy are enforced.

A student transferring from another school system, in or out of the state, shall submit either a certificate of immunization or a letter or notification from his/her personal physician indicating compliance with the required immunizations or a statement that such immunizations are in progress.

If booster immunizations are advised by LA OPH, such booster immunizations shall be administered before the child enters a school system within the state.

Should you choose not to immunize your child, you must provide one of the following to your child’s school office:

- A statement from your child’s doctor indicating that certain immunizations are contraindicated for medical reasons **or**
- A written letter or notification of dissent, signed by the parent or legal guardian