CARLISLE AREA SCHOOL DISTRICT
HEALTH SERVICES

MEDICATION POLICY

1. **Administration of Medication**

In accordance with the Public School Code and the PA Nurse Practice Act, only licensed nurses are permitted to administer medication in a school. On the rare occasion when there is not a nurse in the building, no routine medications will be given. Parents/guardian will be notified in this event and they may come to school and give their child’s medication, or they may designate another person, who is not a school employee, to do this.

2. **Prescription Medication**

   a. All *prescription medication* must be in a prescription bottle with a **current date** and the **name of the student** on the bottle.

   b. A written order from the health care provider - physician/nurse practitioner/physician’s assistant - and a note from the parent/guardian stating how many days the prescription is to be given **MUST** accompany the prescription.

   c. Most medication that is to be given 3 times a day may be given before school, after school and at bedtime at home.

   d. Only the doses to be given **at school** should be brought to school. For a long term medication, a 4 week supply may be sent to school.

   e. Medications that are controlled substances (CII): These must be counted and a medication receipt signed off by the nurse and the parent when delivered to the school. Only the building principal or the building nurse are permitted to release controlled medications back to the **legal guardian**, and a medication receipt must be completed for any medication being returned.

   f. Medications should be brought to school by an adult in the elementary grades. Secondary students may bring medication to the nurse with the approval of their parents/guardians.

   g. Inhaler policy: The exception to the above policy is that children with asthma may carry and self-administer an asthma inhaler if the following conditions are met:

      i. The child must demonstrate, to the school nurse, the capability for administration of the medication and for responsible behavior in the use of it. The student must be made aware that the medication is not to be shared with other students.

      ii. Further, the child must notify the school nurse immediately if relief is not obtained from the use of the inhaler. If the child abuses or ignores this policy, the school may confiscate the inhaler and remove the privilege to carry the
medication, whereupon it must be used in the nurse’s office.

iii. As with all prescription medications, a written order each school year from the health care provider, must be on file in the nurse’s office, as well as a note from the parent requesting that the school comply with this order.

iv. For all students carrying and self-administering inhalers, it is understood that the school bears no responsibility for ensuring that the medication is taken, or for the benefits or consequences of the medication.

v. It is strongly advised that parents provide a spare inhaler to be kept in the nurse’s office.

3. Non Prescription Medication

Parents may send a non-prescription medication to school with their child provided it is kept in the nurse’s office and is accompanied by a note from the parent requesting that it be given. The medication **MUST** be in its original container or packaging. **No unlabeled tablets in envelopes or baggies will be given.** Medications should not be sent with elementary students who ride a bus to school.

Acetaminophen (Tylenol), ibuprofen or an antacid may be given by the school nurse if the Emergency Form that is issued every September indicates permission to give such medications. If the nurse receives permission on the Emergency Form signed by the parent/guardian, these medications will be given at the nurse’s discretion.

4. Herbal Remedies and Supplements

Herbal Remedies and Supplements to be given at school must be accompanied by a note from a health care provider. Products which are not regulated by the FDA will not be administered at school.

6. Self-Carrying Guidelines for Asthma Inhalers and Epi-Pens

Students may be permitted to carry a prescribed asthma inhaler or epi-pen according to CASD Guidelines. The medication must be prescribed by a physician with the appropriate medical order on file with the school nurse. The school nurse will assess competency for self-administration of medication, which shall be based on the student’s age, maturity and demonstration of responsible behavior and ability to properly self-medicate. A copy of the self-carrying guidelines is available from your school nurse.

7. Medication on Field Trips

Only life-saving medications such as asthma inhalers, and epi-pens may be given by unlicensed personnel on field trips.

*Please see next page for Medication Permission Form.*
CARLISLE AREA SCHOOL DISTRICT
OFFICE OF SCHOOL NURSE

Medication Permission Form

Medications may only be administered by the school nurse. Asthma inhalers and epi-pens may be carried by the student with a medical order if the Carlisle Area School District self-carrying guidelines* are followed. Only life-saving medications such as asthma inhalers, epi-pens and emergency seizure medications may be given by unlicensed personnel on field trips.

Student: ___________________________ School: __________________________ Grade: ___________
Address:______________________________________________ Date: _______________________
Parents: __________________________________________________
Home Phone: ____________________ Work Phone: __________________________

To authorized school personnel:

I hereby request and authorize you to give: ____________________________________________
(Dose and Medication)
as prescribed by Doctor ________________. I give permission to the school nurse to consult
my child’s health care provider with any concerns about medication-related issues and I release school
personnel from liability should reactions result from the medication. In case of an anaphylactic reaction, follow-up
care and transportation are to be as follows:

__________________________________________________________________________________________

_______________________________________ (Parent’s Signature)

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To be completed by Physician

To authorized school personnel:

I prescribe _________________________________________________________________________________
(medication) (dose) (time)
to be given to: ________________________________________ by school personnel during school hours for
reasons stated:______________________________________________________________________________

____ Serious reaction could occur if medication is not given exactly as prescribed.

Explain: ___________________________________________________________________________________

____ Serious reaction can occur even when medication is administered as prescribed.

Explain: ___________________________________________________________________________________

_____________________________________________ _________________________ (Date) (Physician’s Signature)

_____________________________________________ _________________________ (Telephone Number) (Address)

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