



ECS Medication Administration Procedures

Every attempt must be made by the student's guardian and healthcare provider to have medications administered at home during non-school hours. When this is not possible a completed Medication Procedure form must be provided for all medications to be administered during school hours.

- Only licensed professional nurses are allowed to administer medications in Pennsylvania schools, except for life saving medications (epipen, inhaler, narcan).
- Medication will not be given in schools until the guardian presents the school with a completed [ECS Medication Procedure form](#) signed by the guardian and the healthcare provider.
- Medication Procedure forms are only valid for one school year and new forms need completed yearly.
- Any changes in the type, dosage, frequency of medication administered will require a new Medication Procedure form to be completed by the physician and signed by the guardian. The form may be faxed to the school by the physician or guardian.
- [Allergy Action Plans](#), [Asthma Action Plans](#), [Sting Allergy Plans](#), [Seizure Action Plans](#), and [Diabetic Action Plans](#) are required to be completed yearly and are valid for one school year. All action plans need to be signed by the physician and signed by the guardian.
- Rectal Valium and nasal Versed can only be administered by a licensed health professional.
- If there is any question concerning the medication, contact the student's guardian, physician or pharmacy before administering the medication.
- Medications are to be brought to the school by the student's guardian.
- Medications are not to be transported on a school bus, unless are self-administered emergency medications i.e. inhalers for students with asthma.
- Non-prescription (over the counter) medications must be received in the original container and labeled with the student's name and require completion of Medication Procedure form (except for standing orders of acetaminophen, ibuprofen, benadryl, tums, visine eye drops)
- Prescription medication must be received in a pharmacy labeled container with the student's name, healthcare provider's name, pharmacy's name and phone number, name of medication, directions concerning dosage and date of prescription. Medication in baggies, pill pods, foil will not be accepted.
- Nurses will document in the student's health record when any medication is discontinued.
- Every time a medication is given, all licensed professional nurses will use the universal medication safety precautions, known as The Five Rights of Medication Administration: the right drug, the right dose, the right time, the right route and the right student.

ECS MEDICATION PROCEDURE FORM for school year 20_____ - 20_____

It is required by ECS that the student's physician completes this form for all medications to be given during school hours. Most medications should be taken at home unless there is a specific lunchtime dose or the medication is an emergency or PRN medication.

Student's Name: _____ Grade: _____ Date: _____

Name of Medication: _____

Dose/Time/Route: _____

Condition Requiring Medication: _____

Start Date: _____ Discontinuation Date: _____

Possible Side Effects: _____

Medication Administration for Field Trips: A guardian (or parental designee) is encouraged to attend field trips when their child requires medication during a field trip. In the event that a guardian is unable to attend the field trip, the **Physician prescribing the medication must complete the following areas:**

The prescribed medication may be administered when the student returns from the field trip.

The medication may be omitted for the day of the field trip.

Maintain current medication administration time. In the event a nurse is not available to attend the field trip to administer the medication, what is your recommendation? _____

For Emergency and Rescue Medications (auto injectors and inhalers):

Student has been properly instructed and is able to demonstrate proper dosage for self administration.

Student may carry and self administer medication while attending a field trip.

Physician's Signature: _____ **Physician's Printed Name:** _____

Physician's Phone Number: _____ **Physician's Fax Number:** _____

I understand the directions given above by my child's physician. I agree to permit the school nurse or other licensed school health staff to administer the medication as ordered.

Guardian's Signature: _____ Date: _____

The school nurse has standing orders for several over-the-counter medications. Parental permission and a list of these medications are located on the Student Emergency Card which is valid for one school year and must be updated every August. All other medications must be accompanied by this form. A new form is needed for any changes in medication, dose, route or frequency. **All** medication orders are only valid for the school year listed above. ECS Medication Policy requires a parent or guardian to bring medication to school in the original container or prescription bottle. No medications are permitted to be transported on the school bus. A second labeled prescription bottle can be obtained from your pharmacist.