



NEWBURYPORT PUBLIC SCHOOLS
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**REGULATIONS GOVERNING THE ADMINISTRATION OF
PRESCRIPTION AND OVER THE COUNTER
MEDICATIONS IN
NEWBURYPORT PUBLIC SCHOOLS**

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Initial Writing: 3-18-2013
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**REGULATIONS GOVERNING THE ADMINISTRATION OF PRESCRIPTION MEDICATIONS
IN THE NEWBURYPORT SCHOOL SYSTEM
(Based on 105 CMR 210.000)**

POLICY FOR THE ADMINISTRATION OF PRESCRIPTION MEDICINE

The Newburyport School Committee approves the following policies governing the administration for prescription medicines in the school under its jurisdiction.

I. Management of the Medication Administration Program

- A. The school nurse shall be the supervisor of the prescription medication administration program in the school.
- B. The school nurse and the school physician/consultant shall develop and propose to the School Committee, policies and procedures relation to the administration of prescription medications.
- C. Medication Orders/Parental Consent
 - 1. The school nurse shall ensure that there is a proper medication order from a licensed prescriber which is renewed as necessary, including the beginning of each academic year. Only the school nurse shall receive a telephone order or any change in prescription medication. Any such verbal order must be followed by a written order within three school days. Whenever possible, the prescription medication order shall be obtained, and the prescription medication administration plan, specified in 105 CMR 210.005(E), shall be developed before the student enters or re-enters school.
 - a. In accordance with standard medical practice, a prescription order from a licensed prescriber shall contain:
 - 1. The student's name
 - 2. The name and signature of the licensed prescriber and business and emergency phone numbers
 - 3. The name, route and dosage of medication
 - 4. The frequency and time of administration
 - 5. The date of the order and the discontinuation date
 - 6. A diagnosis and any other medical condition(s) requiring medication, if not a violation of confidentiality or if not contrary to the request of a parent, guardian or student to keep confidential.
 - 7. Specific directions for administration
 - b. Every effort shall be made to obtain from the licensed prescriber the following additional information, if appropriate:
 - 1. Any special side effects, contraindications and adverse reactions to be observed;
 - 2. Any other medications being taken by the student;
 - 3. The date of return visit, if applicable.

c. Special Medication Situations

1. For short-term prescription medications, i.e. those requiring administration for ten school days or fewer, the pharmacy-labeled container may be used in lieu of a licensed prescriber's order. If the nurse has a question, she may request a licensed prescriber's order.
 2. For "over-the-counter" medications, i.e., Non-prescription medications, the school nurse shall follow the Board of Registration in Nursing's protocols regarding administration of over-the-counter medications in schools. (appendix A)
 3. Investigational new drugs may be administered in the schools with (a) a written order by a licensed prescriber, (b) written consent of the parent or guardian, and (c) a pharmacy-labeled container for dispensing. If there is a question, the school nurse may seek consultation and/or approval from the school physician/consultant to administer the medication in the school setting.
2. The school nurse shall ensure that there is a written authorization by the parent/guardian which contains:
- a. the parent/guardian's printed name, signature and a home and emergency phone number
 - b. a list of all medications the student is currently receiving, if not a violation of confidentiality or contrary to the request of the parent, guardian, or student that such medications not be documented
 - c. approval to have the school nurse, or school personnel designated by the school nurse, administer the medication:
 - d. persons to be notified in case of a medication emergency, in addition to the parent or guardian, and licensed prescriber.

D. Medication Administration Plan

1. The school nurse, in collaboration with the parent or guardian whenever possible, shall establish a medication administration plan for each student receiving a prescription medication. Whenever possible, a student who understands the issues of medication administration shall be involved in the decision-making process and his/her preferences respected to the maximum extent possible (The Department of Education Guidelines require student consent for the 18-21 age group and student participation in planning after age 14, if appropriate). If appropriate, the prescription medication administration plan shall be referenced in any other health or educational plan developed pursuant to the Massachusetts Special Education Law (Individual Education Plan under Chapter 766) or federal laws, such as the Individuals with Disabilities Education Act (IDEA) or Section 504 of the Rehabilitation Act of 1973.
2. Prior to the initial administration of the prescription medication, the school nurse shall assess the child's health status and develop a medication administration plan which includes:
 - a. the name of the student
 - b. an order from a licensed prescriber, including business and emergency telephone numbers
 - c. the signed authorization of the parent or guardian, including home and business telephone numbers:
 - d. any known allergies to food or medications
 - e. the diagnosis, unless a violation of confidentiality or the parent, guardian or student requests that it not be documented.

- f. the name of the prescription medication
 - g. the dosage of the prescription medication, frequency of administration and route of administration
 - h. any specific directions for administration
 - i. any possible side effects, adverse reactions or contraindications
 - j. the quantity of prescription medication to be received by the school from the parent or guardian
 - k. the required storage conditions
 - l. the duration of the prescription
 - m. the designation of unlicensed school personnel, if any, who will administer the prescription medication to the student in the absence of the nurse, and plans for back-up if the designated persons are not available
 - n. plans, if any, for teaching self administration of the prescription medication
 - o. with parental permission, other persons, including teachers, to be notified of prescription medication administration and possible adverse effects of the medication.
 - p. a list of other prescription and over-the –counter medications being taken by the student, if not a violation of confidentiality or contrary to the request of the parent, guardian or student that such medication not be documented
 - q. when appropriate, the location where the administration of the prescription medication will take place.
 - r. a plan for monitoring the effects of the prescription medication:
 - s. provision for prescription medication administration in the case of field trips and other short-term special school events. Every effort will be made to obtain a nurse or school staff member trained in prescription medication administration to accompany students at special school events. When this is not possible, the school nurse may delegate medication administration to another responsible adult. Written consent from the parent or guardian for the named responsible adult to administer the medication shall be obtained. The school nurse shall instruct the adult on how to administer the medication to the child.
- E. The school nurse shall develop a procedure to ensure the positive identification of the student who receives the medication.
- F. The school nurse shall communicate significant observations relating to the prescription medication’s effectiveness, adverse reactions, or other harmful effects to the child’s parent/guardian and/or licensed prescriber.
- G. In accordance with standard nursing practice, the school nurse may refuse to administer or allow to be administered any prescription medication, which, based on her/his individual assessment and professional judgment, has the potential to be harmful, dangerous or inappropriate. In these cases, the parent/guardian and licensed prescriber shall be notified immediately by the school nurse and the reason for refusal, explained and documented.
- H. For the purposes of prescription medication administration, the licensed practical nurse functions under the general supervision of the school nurse who has delegation authority. Prescription medication administration is within the scope of practice for the licensed practical nurse under M.G.L. Chapter 112.

- I. The school nurse shall have a current pharmaceutical reference available for her/his use, such as The Physician's Desk Reference (PDR) or U.S.P.D.I (Dispensing Information) Facts and Comparisons.
- J. Delegation/Supervision (this section applies to school districts or private schools which have been registered by the Massachusetts Department of Public Health to permit school nurses to delegate responsibility for administration of medication to trained nursing-supervised unlicensed school personnel).

II. Self Administration of Prescription Medications

"Self administration" means that the student is able to consume or apply prescription medication in the manner directed by the licensed prescriber, without additional assistance or direction.

A student may be responsible for taking his/her own prescription medication after the school nurse has determined that the following requirements are met.

- A. The student, school nurse and parent/guardian, where appropriate, enter into an agreement which specifies the conditions under which prescription medication may be self administered.
- B. The school nurse, as appropriate, develops a prescription medication administration plan, which contains only those elements necessary to ensure safe, self-administration of prescription medication.
- C. The student's health status and abilities have been evaluated by the school nurse, who then deems self-administration safe and appropriate. As necessary, the school nurse shall observe initial self-administration of the prescription medication.
- D. The school nurse is reasonably assured that the student is able to identify the appropriate prescription medication, knows the frequency and time of day for which the prescription medication is ordered.
- E. There is written authorization from the student's parent/guardian that the student may self medicate, unless the student has consented to treatment under M.G.L.c. 112F or other authority permitting the student to consent to medical treatment without parental permission.
- F. If requested by the school nurse, the licensed prescriber provides a written order for self-administration.
- G. The student follows a procedure for documentation of self-administration of prescription medication.
- H. The school nurse establishes a policy for the safe storage of self-administered medication and , as necessary, consults with teachers, the student and parent/guardian, if appropriate, to determine a safe place for storing the prescription medication for the individual student, while providing for accessibility if the student's health needs require it. This information shall be included in the prescription medication administration plan. In the case of an inhaler or other preventative emergency prescription medication, whenever possible, a backup supply shall be kept in the health room or accessible location.

- I. The student's self-administration is monitored based on his/her abilities and health status. Monitoring may include teaching the student the correct way of taking the prescription medication, reminding the student to take the prescription medication, visual observation to ensure compliance, recording that the medication was taken, and notifying the parent/guardian or licensed prescriber of any side effects, variations from the plan, or the student's refusal or failure to take prescription medication.
- J. With parental/guardian and student permission, as appropriate, the school nurse may inform appropriate teachers and administrators that the student is self-administering a prescription medication.

III. HANDLING, STORAGE AND DISPOSAL OF MEDICATIONS

- A. A parent, guardian, or a parent/guardian-designated responsible adult shall deliver all prescription medications to be administered by school personnel or to be taken by self-medication students, if required by the self administration agreement, to the school nurse or other responsible person designated by the school nurse.
 - 1. The prescription medication must be in a pharmacy-labeled or manufactured-labeled container.
 - 2. The school nurse or other responsible person receiving the medication shall document the quantity of the prescription medication delivered.
 - 3. In extenuating circumstances, as determined by the school nurse, the prescription medication may be delivered by other persons; provided, however, that the nurse is notified in advance by the parent/guardian of the arrangement and the quantity of prescription medication to be delivered to the school.
- B. All prescription medications shall be stored in their original pharmacy or manufacturer labeled containers and in such manner as to render them safe and effective. Expiration dates shall be checked.
- C. All prescription medications to be administered by school personnel shall be kept in a securely locked cabinet used exclusively for medications, which is kept locked except when opened to obtain the prescription medications. The cabinet shall be substantially constructed and anchored securely to a solid surface. Prescription medications requiring refrigeration shall be stored in either a locked box in a refrigerator or in a locked refrigerator maintained at temperatures of 38 to 42 degrees Fahrenheit.
- D. Access to stored medication shall be limited to persons authorized to administer medications and to self-medicating students. Access to keys and knowledge of the location of keys shall be restricted to the maximum extent possible. Students who are self-medication shall not have access to other student's medications.
- E. Parents or guardians may retrieve the prescription medications from the school at any time.
- F. No more than a thirty (30) school day supply of the prescription medication for a student shall be stored at school.
- G. Where possible, all unused, discontinued or outdated prescription medications shall be returned to the parent or guardian and the return appropriately documented. In extenuating

circumstances, with parental consent when possible, such prescription medications may be destroyed by the school nurse in accordance with any applicable policies of the Massachusetts Department of Public Health, Division of Food and Drugs. All medications should be returned at the end of the school year.

IV. DOCUMENTATION AND RECORD-KEEPING

- A. Each school, where school personnel administer prescription medications, shall maintain a prescription medication administration record for each student who receives prescription medication during school hours.
1. Such record at a minimum shall include a daily log and a prescription medication administration plan, including the prescription medication order and parent/guardian authorization.
 2. The prescription medication administration plan shall include the information as described in Section 210.005 (E) of the Regulations Governing the Administration of Prescription Medications in Public and Private Schools.
 3. The daily log shall contain:
 - a. The dose or amount of prescription medication administered.
 - b. The date and time of administration or omission of administration, including the reason for omission.
 - c. The full signature of the nurse or designated unlicensed school personnel administering the prescription medication. If the medication is given more than once by the same person, he/she may initial the record, subsequent to signing a full signature.
 4. The school nurse shall document in the prescription medication administration record significant observations of the medication's effectiveness, as appropriate, and any adverse reactions or other harmful effects, as well as any action taken.
 5. All documentation shall be recorded in ink and shall not be altered.
 6. With the consent of the parent, guardian or student, where appropriate, the completed prescription medication administration record and records pertinent to self-administration shall be filed in the student's cumulative health record. When the parent, guardian or student, where appropriate objects, these records shall be regarded as confidential medical notes and shall be kept confidential.
- B. The Newburyport School System shall comply with the Department of Public Health's reporting requirement for prescription medication administration in the schools.
- C. The Department of Public Health may inspect any individual student medication record or record relating to the administration or storage of prescription medications, without prior notice, to ensure compliance with the Regulations Governing the Administration of Prescription Medications in Public and Private Schools.

V. REPORTING AND DOCUMENTATION OF PRESCRIPTION MEDICATION ERRORS.

- A. A medication error includes any failure to administer prescription medication as prescribed for a particular student, including failure to administer the medication:
1. within appropriate time frames; (the appropriate time frames should be addressed in the prescription medication administration plan
 2. in the correct dosage;
 3. in accordance with accepted practice;
 4. to the correct student.
- B. In the event of a prescription medication error, the school nurse shall notify the parent or a guardian immediately. (The school nurse shall document the effort to reach the parent or guardian.) If there is a question of potential harm to the student, every effort should be made to reach the student's licensed prescriber.
- C. The school nurse shall document medication errors on the student accident/incident report form. These reports shall be retained in the principal's office and the student health record. A copy will be submitted to the School Nursing Leader. They shall be made available to the Department of Public Health upon request. All prescription medication errors resulting in serious illness requiring medical care shall be reported to the Department of Public Health, Bureau of Family and Community Health. All suspected diversion or tampering of drugs should be reported to the Department of Public Health, Division of Food and Drugs.
- D. The school nurse shall review report of prescription medication errors and take necessary steps to ensure appropriate prescription medication administration in the future.

VI. RESPONSE TO MEDICATION EMERGENCIES

(Refer to the school's policy for handling all health emergencies in the school.) Such emergency policies shall contain:

1. Local emergency response system telephone numbers (including ambulance, poison control center number, local emergency care providers, etc.,)
2. Persons to be notified, e.g. parent/guardian, licensed prescriber, etc.,
3. Names of persons in the school to provide first aid and cardiopulmonary resuscitation,
4. Scheduled programs for staff to be trained in First Aid and CPR
5. Provision of necessary supplies and equipment and
6. Reporting requirements.

The school nurse shall develop procedures for responding to prescription medication emergencies, i.e. any reaction or condition related to administration of prescription medication which poses an immediate threat to the health or well being of the student. These procedures shall be consistent with the school's policy for handling all health emergencies and shall include maintaining a list of persons to be notified in case of a prescription medication emergency.

VII. DISSEMINATION TO PARENTS OR GUARDIANS REGARDING ADMINISTRATION OF MEDICATIONS

Such information shall include an outline of prescription medication policies and shall be available to parents or guardians upon request.

VIII. PROCEDURES FOR RESOLVING QUESTIONS BETWEEN THE SCHOOL AND PARENTS REGARDING ADMINISTRATION OF PRESCRIPTION MEDICATION (Refer to approved existing policies within the school system for the resolution of differences, if appropriate.)

IX. POLICY REVIEW AND REVISION

Review and revision of these policies and procedures shall occur as needed but at least every two years.

Approved by School Physician/Consultant Lars Lundgren__M.D._____date _4-22-2013_____
(signature)

Approved by School Nurse Leader_____Cathy J. Riccio RN M.S. MSN__date _4-22-2013_____
(signature)

Date reviewed by the School Committee _____6-17-2013_____

Authorizing Signature _____ School Committee Representative_____

Date Registered by the Massachusetts Department of Public Health for Approval to delegate to Unlicensed Personnel, if applicable _____(Reapplication with DPH due July 2013)_____

APPENDIX A
Board of Registration in Nursing Policy Governing the Administration of Over-the-Counter Medications



Newburyport Public Schools

Board of Registration in Nursing Policy Governing the Administration of Over-The-Counter Medications

Medication administration in Massachusetts schools must be according to protocols written by an authorized prescriber (Physician, Nurse Practitioner, and Dentist).

Nurses may administer over-the-counter medications to students in Massachusetts schools based on protocols which have been developed in collaboration with the school department's physician, dentist or nurse practitioner, provided that the appropriate school administrative authority allows the use of such protocols.

Protocols include:

Drug Name, Dose, Dosage Interval/Directions

Indications and Contraindications

Potential Adverse Effects

Cautions

Nursing Action/Assessment which must include:

1. Current medications the student is taking.
2. Student's History of allergies.

Parental consent for use of a drug according to the protocol must be on file and available to the nurse, as must information about the student's known allergies.

Documentation of over-the-counter medication administered according to such protocols must conform to the school department's regulations for documentation of medication administered to students.

The list of medications approved for administration, as well as the protocols, should be made available in each school's health office.

Every effort will be made to contact parents of elementary school students, before a medication is given.

Parent requests for their children to receive over-the-counter medication during the school day that is not included in the current list of over the counter medication protocols presently given by a Newburyport Public School's nurse will require a signed Parental Medication Consent form and a signed Physician Medication Consent form. This is to protect against drug interactions and to provide for the health and safety of the child. A supply of the clearly labeled over-the-counter medication needs to be provided to the nurse with the child's name along with the signed consent forms.

APPENDIX B

**Letter to Parent/Guardian Explaining Medication Policies
(double sided letter- front and back)**

**Informational Sheet about Administering Potassium Iodide
(single sided form)**



NEWBURYPORT PUBLIC SCHOOLS
70 LOW STREET
NEWBURYPORT, MASSACHUSETTS 01950-4096

Office of the
Superintendent

TELEPHONE 978.465.4456
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Medication Administration Parent Informatic..
New Process for School Year 2013-2014

Dear Parent/Guardian,

Confidential Student Health Information:

Confidential Student Health Information Form: this needs to be completed and signed at the bottom in two locations for the school nurse to provide routine treatment for your child. Please fill out and sign in its entirety, all of your child’s health and insurance information with your signature and return to your school nurse. We have recently reviewed and revised our policies regarding medication administration which are in accordance with Massachusetts state laws and will **require you to notify your nurse in writing if you do not want your child to receive one of the over the counter medications listed below.**

Over the Counter Medications:

Starting 2013-2014, our school physician has approved the following over the counter medications. The school nurse may administer these medications using detailed safe guidelines anytime during the school day as needed.

- Acetaminophen (Tylenol) protocol
- Aloe Vera Gel Protocol
- Anaphylaxis (epinephrine Administration) Protocol
- Bacitracin ointment Protocol
- Benadryl Protocol
- Calamine Lotion Protocol
- Cough Drops Sugar Free
- 1% Hydrocortisone Ointment protocol
- Ibuprofen (Advil or Motrin) Protocol
- Pramozine HCL 1% (sting relief pads) Protocol
- Tums Protocol



Nurses will make every effort to contact parents, especially parents of elementary students, before any medication is given. Administration of these medications will follow our detailed protocols which are available in each school’s Health Office and on the Health Services web page.



If you do not want your child to receive one or more of the medications above, please inform your school nurse in writing on the student health information form.

Prescription Medications and Over the Counter Medications Not Listed Above:

Except as noted below, **students are not allowed to carry or self-administer medication while on school property.**

In the best interest of all students, medications should be given outside of school hours whenever possible. If your child needs to take medication(s) during the school day, parents must provide the school nurse with completed Medication Consent Forms that have been signed by parent and physician. (A doctor’s signature is not required for antibiotic medications less than fourteen days.) This form may be obtained from the school nurse or by downloading it from the Health Services web page on the school website:

<http://www.newburyport.k12.ma.us/healthpage.html/>. Parents/guardians must bring medication to the school nurse. Do not send in medication with your child. Medication must be supplied in the original container and labeled with the pharmacy label. We cannot accept “loose” medication in baggies. Only 30 days’ worth of medication can be accepted at a time.

Parents/guardians must pick up all unused, discontinued, or outdated medications at the end of each school year. Uncollected medications will be destroyed by the school nurse according to Massachusetts regulation.

Narcotic Medications:

Any medication classified as a narcotic in the *Physicians' Desk Reference* will not be administered in school. Students should not be in school if they require narcotics.

Self-Administration:

In some circumstances, students may be allowed to self-administer medications during the school day (i.e. inhalers and epi-pens). In order to self-administer, students must have permission from their licensed prescriber and parent/guardian. Final approval must come from the school nurse. Contact your child's school nurse for more information.

Field Trips:

It is the responsibility of the parent/guardian to make arrangements with the school nurse to administer medications on field trips.

The Newburyport Public Schools will not assume any responsibility for students not in compliance with district medication policies.

All questions about medications should be directed to your school nurse. All forms, protocols and pertinent information are available in each health office and may be found on the health services webpage at <http://www.newburyport.k12.ma.us/healthpage.html>.

It is our privilege to serve you and your child.

Sincerely,

Cathy J. Riccio, BSN MS MSN
Nurse Leader Rev: 8-8-13





Newburyport Public Schools Potassium Iodide (KI) Information for Parents

This fact sheet is about a policy for people, especially those who live within ten miles of a nuclear power plant, who may be exposed to radiation from a nuclear plant emergency. In December 2001, the federal Food and Drug Administration (FDA) said if there was a radiological emergency, people should take a drug that would help protect them from thyroid cancer. This drug is called **potassium iodide (KI)**. The Massachusetts Department of Public Health agrees. The questions and answers below will give you more information. The Department of Public Health, the Center for Disease Control, the Newburyport Health Department, and your Newburyport School Nurses feel that the benefits of taking KI are much greater than the risks.

What is potassium iodide (KI) and what is it used for?

If there is a radiological emergency from a nuclear plant, large amounts of something called radioiodine could be put into the air and this could hurt your thyroid gland, or even cause thyroid cancer later on. You could breathe in the radioiodine or eat food that has some radioiodine in it. When you take the KI pill, it protects the thyroid gland from being harmed.

What age group has the highest risk from exposure to radioiodine?

Young children have the highest risk. We have learned this from looking at children in Russia and Japan and other areas that were exposed to the radioiodine from the Chernobyl and Fukushima nuclear power plant accidents.

Only a “YES” on the Confidential Health Form provides your child with KI during an emergency.

When should KI be taken?

KI should be taken before or just after you are exposed to radioiodine and your child will receive KI from their teacher or school nurse only if you have checked off “yes” on the Student Confidential Health Form. We are planning ahead in the unlikely event of an emergency. Nurses would give KI to your child only when instructed to do so by the local health department.

What are the risks of taking Potassium Iodide (KI)?

Taking KI is safe for most people. KI should not be taken if someone:

- Is allergic to iodine
- Has Graves Disease
- Has any other thyroid illness
- Takes thyroid medication

Be sure to list any of these conditions on the nurses’ confidential health form.

Can people have reactions to KI?

In general, most people who have taken KI have not had any reactions (side effects). If people did have a reaction, it did not last very long. In a few cases, babies had a reaction in their thyroids. Adults who had reactions had stomach problems or a rash. The federal government thinks the benefits of taking KI are much greater than the risks.

How much KI will be administered?

At the moment, KI only comes in a 130mg tablet. In an emergency, it is safe for school aged children to take the whole pill. Pills will be crushed for children who cannot swallow pills.

Rev: 4_2013

APPENDIX C

Parent/Guardian Medication Consent Form



**Newburyport Public Schools
PARENTAL/GUARDIAN CONSENT
For Medication Administration**

Student's Name _____ Today's Date _____

Parent/Guardian printed name _____

Telephone number—Home: _____ Cell Phone number _____

Telephone number—Work: _____ Emergency: _____

Other person(s) to be notified in case of medication emergency:

Name: _____ Telephone number: _____

I give permission for my son/daughter to receive the following medication/medications (to be completed if not in violation of confidentiality):

My son/daughter has the following food or drug allergies:

I consent to have the school nurse or school personnel designated by the School Nurse administer the medication prescribed by:

_____ to _____
Licensed Prescriber Student's Name

I give permission for my son/daughter to self-administer medication, if the school nurse determines it is safe and appropriate.
____ Yes ____ No

I give permission to the School Nurse to share information relevant to the prescribed medication administration as he/she determines appropriate for my son's/daughter's health and safety.

I understand I may retrieve the medication from the school at any time; however, the medication will be destroyed if it is not picked up within one week following termination of the order or one week beyond the close of school.

Parent/Guardian Signature _____

Relationship to Student _____

Address: _____ City _____ (rev3/2013)

APPENDIX D
Physician Medication Order Form



NEWBURYPORT PUBLIC SCHOOLS
Physician Medication Order
 (to be completed by a licensed prescriber)

Name of Student _____ **Date of Birth** _____

Address _____ **Grade** _____
 (street) (city/town)

Name/Title of Licensed Prescriber _____

Physician Business Phone _____ **Emergency Phone** _____

Medication _____

Route of administration _____ **Dosage** _____

Frequency _____ **Time(s) of Administration** _____
 (Please note: Whenever possible, medication should be scheduled at times other than during school hours.)

Specific directions or information for administration _____

Date of Order _____ **Discontinuation Date** _____

Diagnosis* _____

Any other medical condition(s)* _____

Optional Information

1. **Special side effects, contraindications, or possible adverse reactions to be observed:**

2. **Other medication being taken by the student:**

3. **Date of the next scheduled visit or when advised to return to prescriber:** _____

4. **Consent for self administration (provided the school nurse determines it is safe and appropriate).**
 Yes _____ No _____

Signature of Licensed Prescriber
 *if not in violation of confidentiality

Date
 rev3/2013

APPENDIX E

**Field Trip Policy,
Field Trip Medication Delegation,
and
Field Trip Medication Self-Administration Permission Forms**



NEWBURYPORT PUBLIC SCHOOLS

FIELD TRIP POLICY REGARDING PRESCRIPTION MEDICATIONS

The classroom teacher shall notify the school nurse in advance of a field trip or short-term school sponsored special event. A Medication Delegation for Field Trips Form will be sent to the person responsible for administering the prescription medication during the field trip. All students requiring medications on school field trips will have an Individual Medication Administration Plan on record in the school Health Office.

The school nurse will provide the responsible designated adult with the student's medication in a pharmacy labeled container. The school nurse will review the information on the container with that adult including: student name, medication, dose, time of administration, any special instructions or cautions.

The classroom teacher or other designated responsible adult will have responsibility for the safe keeping of the medication and for administering the medication. The designated adult will have the responsibility of returning the pharmacy labeled container to the school nurse at end of the field trip or school sponsored short-term special event.

In certain circumstances, efforts will be made to have a licensed nurse accompany the student on a field trip.

Rev 3/2013



**Newburyport Public Schools
Medication Delegation for Field Trips**

Date_____

Student_____

Medication_____Dose_____Time to be given_____

Administration Delegated to_____

School Nurse Signature_____

(medication must be transported in its original container)

At the completion of the field trip return this signed form to the school nurse.

Medication given at:_____

Administered by:_____

(Signature)

Rev 3/2013



**Newburyport Public Schools
Medication Self-Administration for Field Trips**

Date _____

Your child's class will be going to _____, **on**
(destination of field trip)

_____ **20** __. **Please complete and review the information below.**
(date of field trip)

Parental Permission for Medication Self-Administration

I, _____ (parent/guardian), give permission for my child
_____ to self-administer medication while on a field trip.
(Name of Child)

I understand that the medication will be transported in a prescription marked
container by the student _____ or teacher _____ (please check one).

Only one dose of the medication will be in the container, to be sent in with the
student on the day of the field trip.

The teacher selected to transport your child's medication (if applicable) will be
_____.

Please sign and return to the school nurse as soon as possible. Please do not hesitate to call the
nurse with any questions.

Parental/Guardian Signature _____ **Date** _____

APPENDIX F
Student Medication Administration Plan Form



Newburyport Public Schools Medication Administration Plan

Name of Student _____ Date of Birth _____ Grade _____

School _____ Teacher _____ Ph Ext _____

Parent/guardian name _____ Address _____ City _____

Home Telephone _____ Business Telephone _____

Emergency Telephone _____ Cell Phone _____

Food/Drug Allergies _____

Diagnoses: _____

(if not a violation of confidentiality)

Name of licensed prescriber _____ Office Phone _____

Name of Medication(s): _____

Date Ordered _____ Duration of Order _____ Expiration Date of Medications _____

Dosage _____ Frequency _____ Route of Administration _____

Specific Directions, e.g., Times to be Given: _____

Possible Side Effects, Adverse Reactions: _____

Quantity of Medication Received by School and Date: _____

Plan for Field Trips: _____

Delegated to (if applicable): _____ Back-up Plans (if delegatee unavailable): _____

Plans for teaching self administration, if applicable: _____

Other persons to be notified of medication administration (with parental permission): _____

Other medications being taken by the student during the school day (if not in violation of confidentiality): _____

Plan for monitoring medication, if needed: _____

Parent/Guardian Signature _____ Date _____

School Nurse Signature _____ Date _____ Student's Signature if appropriate _____ Date _____

Physician medication order and parent/guardian authorization may be attached to this form. rev 3/2013

APPENDIX G
Medication Error Report Form



NEWBURYPORT PUBLIC SCHOOLS Medication Error Report

A medication error is defined as: “failure to administer the prescribed medication within the time frame, in the correct dosage, in accordance with accepted practice, to the correct student”.

Date of Report _____ School _____

Prepared by _____

Name of Student _____ DOB _____ Sex _____ Grade _____

Home Address _____ Phone # _____

Street

City/Town

Zip code

Date Error Occurred _____ Time Noted _____

Person Administering Medication _____

Name

Title

Licensed Prescriber _____

Name

Address

Reason Medication was Prescribed _____

Date of Order _____ Instructions for Administration _____

Medication _____ Dose _____ Route _____ Scheduled time _____

Describe the error and how it occurred (use reverse side if necessary)

Action Taken

Licensed Prescriber Notified: Yes _____ No _____ Date _____ Time _____

Parent/Guardian Notified: Yes _____ No _____ Date _____ Time _____

Other Persons Notified: _____

Outcome:

Name _____ Signature _____

Title _____ Date _____

Nurse Leader Signature _____ Copies to Principal/Administration and Nurse Leader

APPENDIX H
Daily Medication Administration Log

Newburyport Public Schools Medication Administration Daily Log

(To be completed for each medication)

School Year _____

Name of Student _____ Date of Birth _____ Sex ____ Grade/Home Room (or Teacher) _____

Name of School _____

Name and Dosage of Medication _____ Route _____ Frequency _____ Time(s) Given in School _____

Directions: Initial with time of administration; a complete signature and initials of each person administrating medications should be included below.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Sept																															
Oct																															
Nov																															
Dec																															
Jan																															
Feb																															
Mar																															
Apr																															
May																															
June																															
July																															
Aug																															

INITIAL (of person administering meds)

Medication)

SIGNATURE

INITIAL

SIGNATURE CODES*

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

(A) Absent

(O) No Show

(E) Early Dismissal

(W) doseage withheld

(F) Field Trip

(X) No School

(N) No Medication Available

Use reverse side for reporting significant information (e.g. observations of medication's effectiveness, adverse reactions, reason for omission, plan to prevent future 'no shows').

APPENDIX I
Emergency Procedures for Newburyport Schools



NEWBURYPORT PUBLIC SCHOOLS EMERGENCY PROCEDURE

In the event of apparent serious injury or illness to any child or adult, the following procedure should be observed:

1. The first staff person on the scene stays with the victim and calls or sends a runner to alert the main office, principal, and/or school nurse and gives them the following information:

WHO
WHAT
WHERE

2. Assessment is made by the nurse, principal or other adult trained to deal with emergencies as to whether

Primary physician is notified
Ambulance is needed
Parent is called
Emergency medication is needed (designate one person to record time med is given and dose that is given)
If AED is needed

3. If ambulance is needed, call 911 using Procedure for Making Emergency Phone Calls.
4. Emergency cards are on file for all students and staff and should accompany a person who is being transported by ambulance to a hospital or a child who is being brought to any medical facility if parent/guardian is not available.

Emergency cards provide phone numbers of persons to be notified in an emergency, name and phone numbers of primary physician and significant medical information including health problems, allergies and medications. It also furnishes parental permission to transfer and treat a child in case of an emergency, when parents cannot be reached.

5. The school nurse is responsible for identifying those school personnel who are trained to deal with emergencies.



NEWBURYPORT PUBLIC SCHOOLS
EMERGENCY TELEPHONE PROCEDURE

1. **Dial 911**
2. **State who you are “ I am _____, a nurse/teacher/secretary at the _____ School”**
3. **State where you are:**
 School Name: _____
 Address: _____
 City: _____
4. **State what is wrong with the child.**
5. **Give specific directions: (e.g., which school entrance should be used, location of child)**
6. **NEVER hang up first. Ask that the information be repeated and provide any other necessary information. Hang up after the 911 respondent has hung up.**
7. **Notify:**
 - a. **School Nurse**
 - b. **The school principal or his/her designee**
 - c. **Parents/Guardians**
8. **The school official will:**
 - a. **Meet the EMS personnel**
 - b. **Direct emergency personnel to the emergency area**
 - c. **Follow up with any necessary phone calls.**
9. **An adult should be designated to accompany a child in the ambulance in the absence of a parent/guardian.**

APPENDIX J
Procedure for Resolving Questions Between the School and Parents Regarding
Administration of Prescription Medication



NEWBURYPORT PUBLIC SCHOOLS

Procedure for Resolving Questions Between the School and Parent/Guardian Regarding the Administration of Prescription Medication

The school nurse and the school principal shall confer with the school physician/consultant to resolve a question between the school and parents/guardians. In the case of a difference of opinion, the school nurse can request that the school physician/consultant confer with the prescribing physician as a stipulation of continuing a medication or procedure in question.

APPENDIX K
Policy for Review and Revision



NEWBURYPORT PUBLIC SCHOOLS

Policy for Review and Revision of the Prescription Medication Administration Program

The Newburyport Public Schools Policy for the Administration of Prescription Medicine will be subject to revision as needed and will be reviewed every two years, beginning two years after approval has been given by the Massachusetts Department of Public Health.