

## Catalyst Academy Charter School

### Medication Administration Policy

#### Background

Catalyst Academy Charter School (“Catalyst”) understands that taking medication can be a serious health matter for students and their families. Catalyst requires parents/guardians to administer student medications at home rather than at school whenever possible, as there are safety concerns about students forgetting to take the medication, having a reaction to the medication or other students taking the medication. Catalyst acknowledges that some students may require prescription or non-prescription medication for chronic or short-term illnesses during the school day to enable them to remain in school and participate in their education. When a licensed health care provider deems it medically necessary that a medication be administered during the school day, the following policy shall apply.

#### Objective

It is the objective of this policy to specify the conditions and circumstances under which medication shall be administered during the school day.

#### Definitions

“Medication” is an F.D.A. (United States Food & Drug Administration) approved drug or preparation used for the treatment or prevention of disease that is (a) prescribed by a health care provider, who is licensed to write a prescription in any state in the United States of America (a "prescription medication"), or (b) an over-the-counter medication (a "non-prescription medication").

“Licensed health care provider” is a medical doctor (M.D.); doctor of osteopathy (D.O.); dentist (D.M.D. or D.D.S.); nurse practitioner (C.R.N.P.); physician assistant (P.A.C.); or doctor of optometry (O.D.)

“F.D.A. approved label” is the official description of a drug product which includes: indications; who should take the drug; adverse effects; instructions for uses in pregnancy, children and other populations; and safety information for the patient.

“Self-administration” means medication administered directly by the student to herself/himself not in the presence of a school nurse.

#### Policy

It is the policy of the Board that:

1. Catalyst shall not be responsible for the diagnosis of a student’s illness.

2. The administration or self-administration of prescription and non-prescription medications during the school day will be permitted when:
  - a. a licensed health care provider deems it medically necessary for the student to take medication, either prescription or non-prescription, during the school day.
  - b. the Authorization for Medication Administration Form is completed and signed by the licensed health care provider.
  - c. the Authorization for Medication Administration Form is signed by the parent/guardian.
  - d. the medication is delivered to the health office in a container with an FDA approved label.
  - e. Parent(s)/guardian(s) are responsible for assuring that the medication delivered to the health office is up to date and that the supply of medication is renewed as needed.
3. Non-compliance with these procedures may result in the student not receiving his/her medication.
4. The CEO or designee shall formulate administrative procedures that a parent/guardian must follow before any medication (prescription and/or non-prescription) will be administered or self-administered to his/her child during the school day. The procedures shall include a written request from the parent/guardian to administer the medication with a written order from the licensed health care provider.
5. Self-administration will be permitted where a licensed health care provider and parent confirm that there is a medical need for, and the student is responsible for and capable of, self-administering the medication. Such confirmation shall acknowledge that Catalyst assumes no liability for such self-administration. Prior health office approval is required. Catalyst may require that these written confirmations be updated from time to time.
6. Where a student demonstrates the capability for self-administration and for responsible behavior in the use of an asthma inhaler and/or EpiPen, the student may possess and use the inhaler and/or EpiPen at school. Students are prohibited from providing any medication or inhaler to another student, and violations of this policy will result in the immediate confiscation of the inhaler and the medication, loss of privileges of possessing same, and discipline under other Catalyst policies concerning controlled substances. Prior to receiving permission for self-administration with an inhaler or EpiPen, the student and parent shall provide a written statement from a licensed health care provider describing the drug, the dosage, the time the medication is to be taken and the diagnosis and the reason the medicine is needed. The licensed health care provider's statement shall also indicate the potential of any serious reaction that might occur, as well as any necessary emergency

response, and shall also indicate whether the student is qualified and able to self-administer the medication. The student must notify a staff member immediately following each use of an EpiPen. The provisions of paragraph 4, above, shall apply to self-administration by inhaler.

7. Except as specifically provided for in this Policy and any accompanying administrative procedures, all medications (prescription and/or non-prescription) must be delivered to the health office for storing and administering and students are not permitted to carry medications on their persons during the school day, unless all requirements for permission for self-administration are met. Violations of any provision of this Policy or any related procedures may result in disciplinary action.
8. For life-threatening situations indicating incipient anaphylactic shock, trained staff shall be authorized to administer the prescribed Epi-pen. The CEO or designee shall designate the procedures to be followed, including training of staff, forms to be completed in advance by the parent/guardian and procedures for emergency administration of the medication.
9. Nothing in this policy is designed to prevent the administration of first-aid including the administration of Glucagon and/or EpiPen to a student without the express written permission of a parent where deemed necessary by a nurse pursuant to her/his professional judgment.
10. Catalyst will not administer or allow self-administration of homeopathic or herbal remedies.
11. The CEO or designee shall periodically review state standards and direct the responsible personnel accordingly.
12. Field Trips: Medications cannot be sent with the teacher if the school nurse is unable to attend the field trip. Situations involving children with life threatening medical conditions and students taking daily medications will be dealt with on a case-by-case basis. For other situations, parents of children who receive routine medication during school hours may choose to have their children not receive their medication on the day of the field trip if the nurse cannot attend. Any questions should be directed to the school nurse
13. All medications must be retrieved by parents or an adult designee at the end of the school year. Medications will not be returned to students. Any medication not picked up at the end of the school year will be properly disposed of. No medication will remain at school over the summer.
14. Exceptions to this Policy must be approved by the CEO.

#### Administration Responsibility

It shall be the responsibility of the Administration to develop and enforce any administrative procedures deemed necessary to implement this Policy.

Communication

This Policy shall be communicated to:

1. Catalyst Staff
2. Students and Parents through Parent/Student Handbooks

*Adopted the 7th day of July, 2020*

**CATALYST ACADEMY CHARTER SCHOOL  
AUTHORIZATION FOR MEDICATION**

August 2020

Dear Parent/Guardian:

For safety reasons, the administration of student medications, either prescription or non – prescription, during school hours is strongly discouraged. If a physician deems it necessary for your child to take medications, either prescription or non-prescription during the school day, the Authorization for Medication Form (on reverse side) must be completed by both a parent/guardian and physician and returned to your child’s health office prior to any medication being administered

The following summarizes the procedure;

- Prescription medication must be in the current and appropriate pharmacy labeled container.
- Over the counter medication must be in the original container and the type of non-prescription medication must match the physician’s orders.
- A new, completed form by both the physician and parent is required for each medication change, dose change and for each new school year.
- It is the responsibility of your child to report to the health office for his/her medication. Please remember that your child may not receive his/her medication if these procedures are not followed.

Please feel free to contact your child’s school nurse if you have any questions or concerns regarding this matter. Thank you for your cooperation.

Catalyst Academy Charter School

**(OVER)**

**CATALYST ACADEMY CHARTER SCHOOL**  
**Authorization for Medication (prescription/non-prescription)**  
**to be given during school hours**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_  
 Grade/Homeroom \_\_\_\_\_ Physician's Name \_\_\_\_\_  
 Telephone \_\_\_\_\_

**TO BE COMPLETED BY LICENSED PRESCRIBER:**

<b>MEDICATION</b>	
<b>DOSAGE/ROUTE</b>	
<b>TIME OF ADMINISTRATION</b>	
<b>LENGTH OF ADMINISTRATION (i.e. the school year or a shorter time)</b>	
<b>REASON FOR MEDICATION</b>	
<b>ADMINISTRATION INSTRUCTIONS</b>	
<b>SIDE EFFECTS</b>	
<b>SELF-ADMINISTRATION</b> <i>This student is authorized to self-carry his/her Inhaler or Auto Injecting Epinephrine and medicate her/himself</i>	YES _____/Physician initials _____  NO _____/Physician initials _____
<b>SIGNATURE OF LICENSED PRESCRIBER</b>	
<b>DATE</b>	

**TO BE COMPLETED BY PARENT/GUARDIAN:**

In consideration of Catalyst Academy Charter School granting our request to dispense certain medication to our child and/or allow self-administration of medication, the undersigned parents/guardians, on our own behalf and on behalf of our minor child, hereby release, indemnify and hold harmless Catalyst Academy Charter School and its Board of Trustees, Administrators, Teachers, Secretaries, Nurses and Employees from and against any and all claims, damages, action, or causes of actions resulting and/or arising out of or connected directly or indirectly with the request for or the dispensing of the medication listed above to our said child. **I understand and agree that medical information may be shared with appropriate personnel. I authorize my child's physician to release any medical information that may be required by district personnel. I understand and agree that emergency medication may be administered by district employees who are not nurses.**

Parent/Guardian Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_ Home # : \_\_\_\_\_ Cell #: \_\_\_\_\_ Work#: \_\_\_\_\_