

SPIRIT LAKE

COMMUNITY SCHOOLS

2701 HILL AVENUE
SPIRIT LAKE, IA 51360

PHONE: 712-336-2822 ext: 4380

www.spirit-lake.k12.ia.us

Katy Stokke, School Nurse
Email: kstokke@spirit-lake.k12.ia.us

Dear Parents:

In Iowa, only a licensed physician, physician's assistant, advanced nurse practitioner, dentist or optometrist can legally prescribe drugs. Three things are required before school personnel can dispense medication:

1. Written instructions from the doctor.
2. Medication must be in a prescription bottle, labeled with the name of the child, name of the medication, time of the day to be given, duration of treatment, and the name of the physician.
3. Written permission from the parent, and the parent's signature.

All medication is to be left with the school nurse to be dispensed by her, or trained school personnel. Since the labeled bottle from the pharmacy meets requirements one and two above, the most satisfactory arrangement is that the parent send.

1. The medication in a properly labeled bottle from the pharmacy. Only medication in a properly labeled container will be dispensed.
2. The school's permission slip with the parent's signature.

The pharmacy will supply you with an extra labeled bottle for medication to be kept at school. Due to an increased number of medications we are asked to dispense at school, it is generally agreed we will dispense medication ordered to be given 4 times a day (the noon dose). However, medication ordered to be given 3 times a day may be given at home before school, after school, and at bedtime, and will not be given at school.

There is a separate policy regarding over the counter/non-prescription drugs (OTC). In July, 1985, the Iowa Board of Nursing ruled that a Registered Nurse, using her experience and education, may determine that the use of the OTC medication, ordered by the parent, is the appropriate care for some children. Thus, a Registered Nurse may follow the parent's direction to give such medication. However, the Registered Nurse may also determine that an OTC medication, ordered by the parent could be detrimental to the child. In this case, the Registered Nurse may refuse to administer the medication, and state the reason in writing to the parent. Parents are advised to give medication at home on a schedule other than school hours whenever possible.

Board of Education

Todd Hummel, President

Teresa Beck, Vice President

Keith Brockmeyer

Sonja Hamm

Randy Magg

Only those drugs approved by the FDA will be administered at school. The Spirit Lake Community Schools will not administer natural remedies, herbal, dietary or nutritional supplements to school children since they are not approved or regulated by the FDA and the appropriateness, safety, side effects, toxic effects, correct dosage and treatment of overdose are undetermined.

If you feel that your child needs to take an OTC medication (approved by the FDA) during school hours, it must be received at school in the original container and not sent in baggies or envelopes, etc. It must be accompanied by a signed parent permission slip with specific instructions for administration. If these requirements are not met, it will not be given at school.

Students may be allowed to carry and self-administer asthma inhalers, airway medications and Epi-Pens if the following conditions are met: A form which includes the parent's signed permission, a doctor's signed permission including the medication, dosage, time and instructions and a signed statement acknowledging that the school will not incur liability for the student's self usage, or misuse of their medication. This form must be renewed each school year. A parent may also choose to have their child keep their inhaler in the nurses locked medication cabinet to be used and monitored under supervision. Please request medication rules for inhalers/airway drugs/and EpiPens which outline the rules in greater detail.

If you have questions concerning the medication policy, please contact me at 712-336-2822 ext 4380.

Katy Stokke, RN
School Nurse

Board of Education

Todd Hummel, President

Teresa Beck, Vice President

Keith Brockmeyer

Sonja Hamm

Randy Magg

Authorization and Permission for Administration of Medication

Student's Name (last, first, middle) _____ Birthday ____/____/____

Grade/Teacher _____ Date _____

School medications and healthcare services are administered following these guidelines:

- Parent's signed and dated authorization to administer the medication.
- The medication is in the original labeled container as dispensed or the manufacturer's labeled container.
- The medication label contains the student name, name of the medication, directions for use and the date.
- Annual renewal of authorization and immediate notification in writing from the doctor initiating the changes.

Medication Name: _____

Dosage _____ Route _____ Time _____

Administration Instructions _____

Date to Discontinue/Reevaluate _____ Prescriber/Doctor _____

Prescriber/Doctor's Address _____ Emergency Phone _____

I request the above student be given the medication at school and/or school activities by qualified staff, according to the prescription or nonprescription instructions and a record maintained. The student has experienced no previous side effects from the medication. I further agree that school personnel may contact the prescriber as needed and that medication information may be shared with school personnel who need to know.

I understand the law provides that there shall be no liability or civil damages as a result of the administration of medication where the person administering the medication acts as an ordinarily reasonably prudent person would under the same or similar circumstances. I agree to provide safe delivery of medication and equipment to and from school and to pick up remaining medication and equipment or it will be properly destroyed.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Address _____ Home Phone: _____

Additional Information _____ Business Phone _____

Series 500

Policy Title: Asthma Inhalers and Airway Medications Regulations Code No.506.5R2

The Board will allow students to carry asthma inhalers and airway medications at school. The Board will allow students to self-administer said medication. In order for a student to carry and self-administer said medication, the following conditions shall be met:

1. The drug must be prescribed by a licensed physician, or physician's assistant, or advanced nurse practitioner.
2. The student's parent or guardian provides to the school written authorization for the self administration of medication
3. The student's parent or guardian provides to the school a written statement from the student's physician containing the following information:
 - a.) The name and purpose of the medication
 - b.) The prescribed dosage
 - c.) The times at which or the special circumstances under which the medication is to be administered.
4. The parent or guardian must sign a statement that they understand that the school district and its employees are to incur no liability except for gross negligence, as a result of self administration of medication by the student. The school district and its employees acting reasonably and in good faith shall incur no liability for any improper use of medication, or for supervising, monitoring, or interfering with a student's self-administration of medication.
5. The permission for self administration of medication is effective for the school year and shall be renewed each subsequent school year. The parent or guardian shall immediately notify the school of any changes in the conditions listed in number 3.
6. Provided that the requirements above are fulfilled, a student with asthma or other airway constricting disease may possess and use the students medication while in school, at school-sponsored activities, under the supervision of school personnel, and before or after normal school activities, such as while in before-school, or after-school care on school-operated property. If the student misuses this privilege, the privilege may be withdrawn.

Approved:

Reviewed:

Revised: 5/13/13

Policy Title: Parental Authorization and Release Form for the Code No.506.5E2
Self-Administration of Asthma Inhalers and Airway Medications

I authorize my child, _____, to self-administer his/her own asthma inhaler or airway medication at school. I agree that my child meets the requirement outlined in the District's policy for the administration of his/her own asthma inhaler or airway medication at school.

I understand that the Spirit Lake Community School District and its employees are to incur no liability, except for gross negligence, as a result of any injury arising from my child's self-administration of medication. The District, and its employees, acting reasonably and in good faith, shall incur no liability for any improper use of medication, or for supervising, monitoring, or interfering with a student's self-administration of medication.

Parent or Guardian Signature

Date

The Following to Be Completed by the Student's Physician:

I have prescribed the following medication (asthma inhaler/airway medication):

_____ for this student _____

Name of Medication

Student's Name

In this dosage: _____

Dosage and Instructions (Frequency of Use)

For the purpose of: _____

Doctor's Signature

Date

Approved: 3/10/03

Reviewed:

Revised: 12/14/09; 5/13/13

Series 500

Policy Title: Epi-Pen Medication Regulations

Code No.506.5R3

The Board will allow students identified to be at risk for an anaphylactic reaction who have received a prescription for said medication to carry epinephrine in the form of the epi-pen (or epi-pen jr.) autoinjector at school. A spare epi-pen should be provided for the Health Room in case the student loses, or forgets his/her personal epi-pen.

The Board will allow students to self-administer said medication if the administration of epinephrine becomes necessary as described in the anaphylaxis protocol. Once a student has been identified as having a severe reaction to an allergen, 911 will be called, and your child may be transported to the hospital for continued medical support.

In order for a student to carry and self-administer said medication, the following conditions shall be met:

- Student shall demonstrate to the school nurse his/her knowledge and understanding of anaphylaxis and correct usage of the epi-pen.
- Student shall have written permission from the prescribing physician stating the child has been instructed in, and demonstrates understanding of:
 - the events surrounding the need for epinephrine
 - the signs and symptoms of allergic reaction
 - agrees never to share the epi-pen with another student
 - agrees to obtain assistance from the school nurse or another adult immediately by
 - sending for help
 - signs the schools agreement form.

Approved:

Reviewed:

Revised: 5/13/13