

## ADMINISTERING MEDICINES TO STUDENTS

### Medications Prescribed for Individual Students

Employees of the Albemarle County School Board (“School Board”) may give medication prescribed for individual students only pursuant to the written order of a physician, physician assistant, or nurse practitioner and with written permission from the student’s parent or guardian. Such medicine shall be in the original container and delivered to the principal, school nurse, or Albemarle County Public Schools (“ACPS”) designee by the parent or guardian of the student.

### Nonprescription Medications

ACPS personnel may give nonprescription medication to students only with the written permission of the parent or guardian. Such permission shall include the name of the medication, the required dosage of the medication, and the time or circumstances the medicine is to be given. The medicine shall be in the original container and delivered to the principal, school nurse or ACPS designee by the parent or guardian of the student.

~~Self-administration of any medication with the exception of asthma medication, epinephrine, pancreatic enzymes for the management of cystic fibrosis, and diabetes medications as discussed below is prohibited for students.~~

### Self-Care and Self-Administration of **Diabetes** Medication

~~Self administration of any medication with the exception of asthma medication, epinephrine, and diabetes medications as discussed below is prohibited for students.~~

With parental consent and written approval from the prescriber and demonstrated responsibility, each enrolled student who ~~is has~~ diagnosed with diabetes, is permitted to:

- Carry and use supplies, including a reasonable and appropriate short-term supply of carbohydrates, an insulin pump or other forms of insulin, and equipment for immediate treatment of high and low blood glucose levels; and
- Self-check blood glucose levels during the school day, at school-sponsored activities, or while on a school bus or other school property.

A School Board employee, as defined in Va. Code § 22.1-274.E, who is a registered nurse, licensed practical nurse, or certified nurse aide and who has been trained in the administration of insulin, including the use and insertion of insulin pumps, and the administration of glucagon, may assist a student with diabetes and who carries an insulin pump with the insertion or reinsertion of the pump or any of its parts. Prescriber authorization and parental consent shall be obtained for any such employee to assist with the insertion or

reinsertion of the pump or any of its parts. Notwithstanding the above, nothing in this policy requires any employee to assist with the insertion or reinsertion of the pump or any of its parts.

### **Self-Administration of Asthma Medication**

Students with asthma are permitted to possess and self-administer inhaled asthma medications in accordance with this policy during the school day, at school-sponsored activities, or while on a school bus or other school property. In order for a student to possess and self-administer asthma medication, the following conditions must be met:

- Written parental consent that the student may self-administer inhaled asthma medications is on file with the school;
- Written notice from the student's health care provider is on file with the school, indicating the identity of the student, stating the diagnosis of asthma and approving self-administration of inhaled asthma medications that have been prescribed for the student; specifying the name and dosage of the medication, the frequency in which it is to be administered, and specifying the circumstances that may warrant its use; and attesting to the student's demonstrated ability to self-administer the medication safely and effectively; and
- An individualized health care plan is prepared, including emergency procedures for any life-threatening conditions;
- Consultation with the student's parent before any limitations or restrictions are imposed on a student's possession and self-administration of inhaled asthma medications and auto-injectable epinephrine, and before the permission to possess and self-administer inhaled asthma medications and auto-injectable epinephrine at any point during the school year can be revoked; and
- Self-administration of inhaled asthma medications and auto-injectable epinephrine is consistent with the purposes of the Virginia School Health Guidelines and the Guidelines for Specialized Health Care Procedure Manual, which are jointly issued by the Virginia Department of Education and the Virginia Department of Health.

Information regarding the health condition of the student may be disclosed to School Board employees with a legitimate educational interest in accordance with state and federal law governing the disclosure of information contained in student scholastic records.

### **Self-Administration of Epinephrine**

Students with severe allergies are permitted to possess and self-administer epinephrine in accordance with this policy during the school day, at school-sponsored activities, or while on a school bus or other school property. In order for a student to possess and self-administer epinephrine, the following conditions must be met:

- Written parental consent that the student may self-administer epinephrine is on file with

the school;

- Written notice from the student's health care provider is on file with the school, indicating the identity of the student, stating the diagnosis of hypersensitivity, and approving self-administration of epinephrine that has been prescribed for the student; specifying the circumstances that may warrant its use; and attesting to the student's demonstrated ability to safely and effectively self-administer the medication;
- An individualized health care plan is prepared, including emergency procedures for any life-threatening conditions;
- Consultation with the student's parent before any limitations or restrictions are imposed on a student's possession and self-administration of inhaled asthma medications and auto-injectable epinephrine, and before the permission to possess and self-administer inhaled asthma medications and auto-injectable epinephrine at any point during the school year can be revoked; and
- Self-administration of inhaled asthma medications and auto-injectable epinephrine is consistent with the purposes of the Virginia School Health Guidelines and the Guidelines for Specialized Health Care Procedure Manual, which are jointly issued by the Virginia Department of Education and the Virginia Department of Health.

### **Self-Administration of Pancreatic Enzymes**

With parental consent, written approval from the prescriber and demonstrated responsibility, each enrolled student who is diagnosed with cystic fibrosis is permitted to carry and consume prescribed pancreatic enzymes.

- The student may carry the prescribed amount anticipated for one day's management necessary for the amount of food consumed;
- The physician's order for pancreatic enzymes will be kept on file in the school health office;
- An additional supply of pancreatic enzymes may be kept in the school health office in case the student does not have the amount prescribed for the food consumed;
- Information regarding the health condition of the student may be disclosed (to School Board employees) in accordance with state and federal law governing the disclosure of information contained in student scholastic records.

Consultation with the student's parent is necessary before any limitations or restrictions are imposed on a student's possession and self-administration of inhaled asthma medications, autoinjectable epinephrine, and pancreatic enzymes as well as before the permission to possess and self-administer inhaled asthma medications, auto-injectable epinephrine and pancreatic enzymes at any point during the school year can be revoked.

Information regarding the health condition of the student may be disclosed to School Board employees with a legitimate educational interest in accordance with state and federal law governing the disclosure of information contained in student scholastic records.

Permission granted to a student to possess and self-administer asthma medications, ~~and~~ epinephrine ~~and pancreatic enzymes~~ will be effective for a period of one (1) school year, and is to be renewed annually. However, a student's right to possess and self-administer inhaled asthma medication, ~~and~~ epinephrine ~~and pancreatic enzymes~~ may be limited or revoked after appropriate school personnel consult with the student's parents. In addition, parents must provide medications to be stored in the clinic to ensure the medications will be available to students at school.

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### Administering Epinephrine By a School Board Employee

Pursuant to an order or standing protocol issued by a prescriber within the course of his/her professional practice, a school nurse or any School Board employee who is authorized and trained in the administration of epinephrine may administer it to any student believed to be having an anaphylactic reaction.

### Administering Albuterol Inhalers By a School Board Employee

Albuterol inhalers and valved holding chambers are stocked in each school in the ACPS to be administered by any school nurse, employee of the School Board, employee of a local appropriating body, or employee of a local health department who is authorized by the local health director and trained in the administration of albuterol inhalers and valved holding chambers for any student believed in good faith to be in need of such medication.

### Regulation

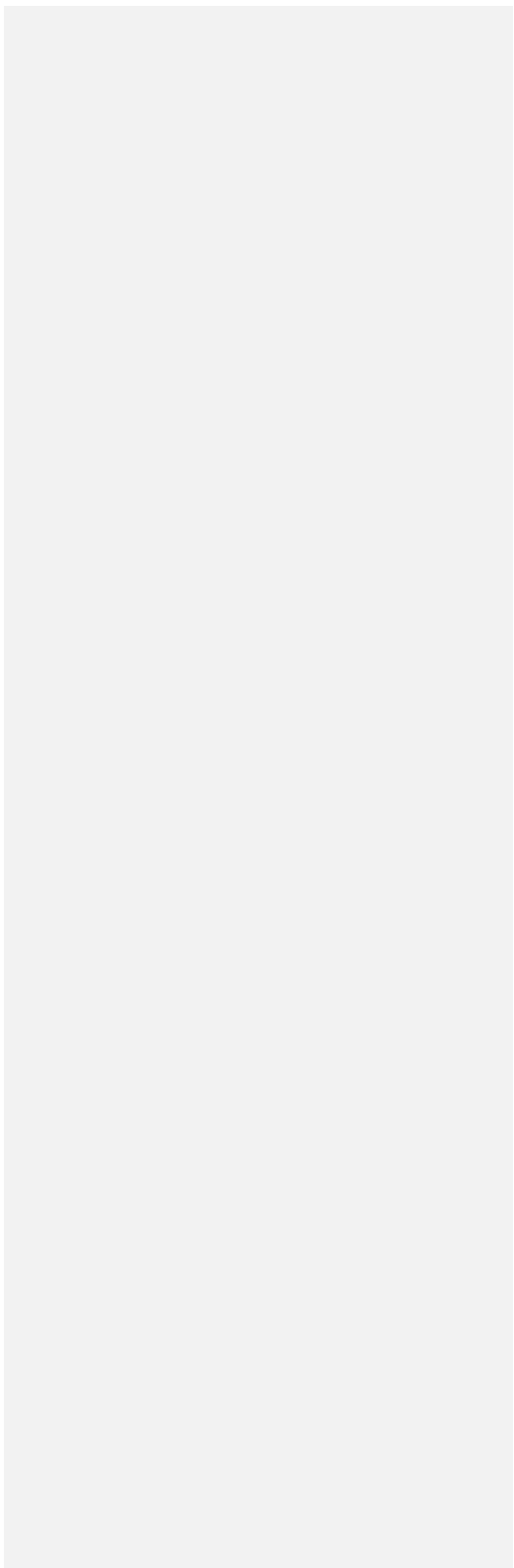
The Superintendent shall develop a regulation for administration of medicines to students. The regulation shall include provisions for the handling, storage, monitoring, documentation and disposal of medication.

Adopted: July 1, 1993  
Amended: January 8, 2004; July 12, 2012; September 26, 2013; December 11, 2014; October 12, 2017;  
February 10, 2022  
Equity Review: February 10, 2022

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Legal Ref.: Code of Virginia, as amended, §§ 22.1-78, 22.1-274, 22.1-274.01:1, 22.1-274.2, 54.1-2952.2, 54.1-2957.02, 54.1-3408

Cross Ref.: EBBA, *First Aid/CPR Certified Personnel*  
JFC, *Student Conduct*  
JHCDD, *Medication Recommendation by School Personnel*  
JO, *Student Records*



## ADMINISTRATIVE PROCEDURES FOR ADMINISTERING MEDICATIONS TO STUDENTS

- A. Physician's orders for prescription medication to be administered shall specify in writing the duration of the order and the name and dosage of the drug. The orders are to be renewed at least every school year.
- B. Parents/guardians shall file written requests for school personnel to administer non-prescription medication to children. The request shall specify the name and dosage of the medication. The request shall be renewed at least every school year.
- C. Parents/guardians shall file a written request to allow their child to self-administer asthma medication or epinephrine and diabetes supplies.
- D. Each school should keep a log book with consecutively numbered pages in which the administration of medication is permanently recorded, showing the date and time of administration in each case, the name of the student, the kind and quantity of medicine, the name of the prescribing physician (if applicable), and the signature of the school nurse, principal, or other school employee administering the medication.
- E. The specific written order of the physician and the written authorization of the parent should be kept on file, and all parental consents or authorizations should be renewed every school year.
- F. Not more than one month's supply of a medication shall be stored in a school. The medication shall be stored in a designated place separate from first aid supplies and securely locked at all times.
- G. The school employee will give the medication to the student to be self-administered unless the student is physically unable to administer the medication.
- H. Unused medication shall be returned to the parent/guardian at the end of the school year or if/when the medication is no longer needed or shall be disposed of annually.
- I. Any exception to this regulation shall be made by the principal/designee after written request by the student's parent and authorization by the student's physician.

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## NOTIFICATION TO PARENTS

Dear Parent/Guardian:

We attempt to discourage administration of medications during school hours and request that, whenever possible, medication doses be scheduled outside of school hours. However we recognize that this is not always possible and will cooperate in the administration of medication that must be given during school hours. Our regulations include:

1. Physician's orders for prescription medication to be administered shall specify in writing the duration of the order and the name and dosage of the drug. The orders are to be renewed at least every school year.
2. You may request, in writing, that school personnel administer non-prescription medication to children. The request shall specify the name and dosage of the medication. The request must be renewed at least every school year.
3. The specific written order of the physician and your written authorization will be kept on file. Your authorization must be renewed every school year.
4. Not more than one (1) month's supply of a prescribed medication shall be stored at school. The medication will be stored in a designated place separate from first aid supplies and securely locked at all times.
5. The school employee will give the medication to your child to be self-administered unless your child is physically unable to administer the medication to himself/herself.
6. Unused medication will be returned to you or shall be disposed of annually.
7. Any exception to this regulation can be made only by the principal/designee upon your written request and authorization by your child's physician.

**Albemarle County Public Schools  
Parent's Request for Giving Medicine at School**

School	Phone	Fax	School	Phone	Fax
Agnor-Hurt	973-5211	974-7046	Stony Point	973-6405	973-9751
Baker-Butler	974-7777	964-4684	Woodbrook	973-6600	973-0317
Broadus Wood	973-3865	973-3833			
Brownsville	823-4658	823-5120	Burley	295-5101	984-4975
Mountain View	293-7455	293-2067	Henley	823-4393	823-2711
Crozet	823-4800	823-6470	Jouett	975-9320	975-9325
Greer	973-8371	973-0629	Lakeside	975-0599	975-0852
Hollymead	973-8301	978-3687	Walton	977-5615	296-6648
Meriwether Lewis	293-9404	979-3850	Albemarle	975-9300	974-4335
Murray Elem.	977-4599	979-5416	Monticello	244-3100	244-3104
Red Hill	293-5332	293-7300	Lab School	296-3090	979-6479
Scottsville	286-2441	286-2442	Western Albemarle	823-8700	823-8711
Stone Robinson	296-3754	296-7645	Learning and Growth Center 1	974-8070 244 8900	979-6479

**Giving Medicine at School**

Please send this form to the school when needed. All areas on this form must be completed for school staff to administer the medication. Please print.

Please have the school nurse, or a member of school staff, administer to: \_\_\_\_\_  
The following medication: \_\_\_\_\_ (name of child)

(Check one)                      Certain prescription medication specified below or  
Non-prescription medication specified below.

I understand that the person at the school who will administer this medication or treatment may be inexperienced and untrained in this requested service and state, without reservation, that I shall not hold them or any Board member or employee of the Albemarle County School Board liable in any way for harm or injury that may be experienced by my child as a result of this service. **I understand I am to provide all medication administered to my child in its original container.** I realize medical information associated with the use of this medication may be disclosed to school employees with supervisory authority for my child. For prescription medication, my signature below shall be deemed consent for the school nurse to contact the physician named below for signature or to discuss the medication.

Date of Order: \_\_\_\_\_ Name of Medication: \_\_\_\_\_

Exact dosage to be given: \_\_\_\_\_ Time of day to be administered: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Duration for medication: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician/Date                      Name of Parent                      Home Telephone  
(for prescription medication)



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Physician telephone  
(for prescription medication)

Signature of Parent or Guardian/Date  
(for all medication)

Daytime Telephone

Student's Date of Birth: \_\_\_\_\_

**PLEASE NOTE THAT MEDICATION SUCH AS IBUPROFEN OR TYLENOL WILL NOT BE ADMINISTERED FOR HEADACHE, FEVER OR SORE THROAT UNLESS COVID HAS BEEN RULED OUT BY A PHYSICIAN OR NEGATIVE COVID TEST**

**CONTRACT FOR SELF-CARRIED MEDICATION**

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Medication is permitted in accordance with ACPS policy. Student's physician must authorize self-carried/administered medication. Student name must appear on the medication container or inhaler.

Responsibilities for carrying medication:

Yes No

- Health care action plan complete
- Demonstrated correct use/ administration
- Recognizes proper and prescribed timing for medication
- Does not share medication with others
- Keeps medication in agreed location
- Keeps second labeled container in the Health office
- Agrees to come directly to the Health Office if having the following symptoms after using medication:

\_\_\_\_\_

The student does/does not demonstrate the specified responsibilities.  
The student may carry the medication unless and until they fail to follow the above agreement.  
Comments and added responsibilities:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Student/date) (School Nurse/date)

I request that my child be allowed to carry medication and be responsible for its proper storage and use. I will support my child to follow the above agreement. However, I understand that the ACPS will contact me if my child is unable to comply with self-administration requirements and assist in the development of a revised plan in this regard.

\_\_\_\_\_  
(Parent/guardian/date) (Parent daytime telephone numbers)

AUTHORIZATION FOR SELF-CARRY/ADMINISTRATION OF MEDICINE  
AT SCHOOL AND AFTER-SCHOOL ACTIVITIES

School Board Policy permits a responsible, trained student to carry and/or self-administer medication for asthma, severe allergic reaction, ~~or diabetes,~~ or other reasons outlined in School Board Policy JHCD, ~~on for immediate use in a life threatening situation~~ with written order of physician, parent consent and approval by the principal and school nurse.

PHYSICIAN / HEALTH CARE PROVIDER ORDER

Student: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_

Condition for which the medication is administered \_\_\_\_\_  
Name of medication \_\_\_\_\_  
Dose \_\_\_\_\_ Method administered \_\_\_\_\_  
Time or indication for administration \_\_\_\_\_  
Is this a controlled drug? \_\_\_ Yes \_\_\_ No  
Side effects to be noted/reported \_\_\_\_\_  
Other recommendations \_\_\_\_\_  
Duration (dates) of administration: From \_\_\_\_\_ to \_\_\_\_\_ (within current school year)

IN MY OPINION, THIS STUDENT SHOWS CAPABILITY TO CARRY AND SELF-ADMINISTER THE ABOVE MEDICATION.

\_\_\_\_\_  
Physician Signature Print Name  
\_\_\_\_\_  
Telephone numbers Date

PARENT/GUARDIAN AUTHORIZATION

I request that my child, named above, be permitted to carry and self-administer the above-ordered medication. I take responsibility for this permission. I understand that the medication is in its original container, labeled with name of student and name of medication. No more than a one month supply of medication will be kept at school. This medication will be destroyed unless picked up at the end of the school year or end of the medical order.

\_\_\_\_\_  
Parent Signature Print Name Date

