

**EAST LYCOMING SCHOOL DISTRICT
SELF-ADMINISTRATION OF MEDICATION PROTOCOL**

The East Lycoming School District recognizes the importance of students taking ownership of their health and that there are certain medical conditions that require a student to carry medication on them. In these circumstances, the medication must also be kept in the original pharmaceutically dispensed and labeled container and out of the reach of other students.

Assessment Criteria for Student Self-Administration of Medication

To self-administer medication, the student must:

1. Be able to respond to his/her name and recognize visually his/her name.
2. Be able to identify his/her medication.
3. Demonstrate a cooperative attitude in all aspects of self-administration of medication.
4. Demonstrate appropriate technique for administration of medication.
5. Provide the school nurse with the completed Request to Administer Medication form signed by his/her parent and Healthcare Provider.
6. Provide the nurse with updated forms if medication and/or dosage have changed.
7. Go to the nurse's office for evaluation following the administration of the medication only if it was given to correct a medical problem. (There is no need to go to the nurse's office if the medication is given as a preventive measure or as part of the student's daily routine.)

Responsibilities of the Student and Parent/Guardian

The student is responsible for his/her own medication and for carrying it with them. The nurse will not have extra medication available in situations where the student does not have his/her own. The parent can elect to provide the nurse with extra medication that will be kept in the nurse's office.

Student must adhere to the guidelines established. Failure to demonstrate safe self-administration of medication, including but not limited to, abuse, misuse, or non-compliance, will result in loss of privileges to carry and self administer medication.

The student and parent/guardian must have read and agree to adhere to the medication policies and protocols.

The student and parent/guardian acknowledge that the school district and its employees are not responsible for ensuring the medication is taken and relieving the district and its employees of responsibility for the benefits or consequences of the prescribed medication.

Physician Signature

It is my professional opinion this child should carry and is capable of self administering this medication by him/herself.

I have read and agree to the above:

Student Signature

Date

Parent/Guardian Signature

Date

OFFICE USE:

REVIEWED BY NURSE:

SIGNATURE/DATE

