



Medication Administration

Administering Prescribed Medications to Students

Colorado Early Colleges (CEC) may administer prescribed medication to a student only if a parent/guardian has specifically requested it, CEC has a doctor's order on file through a Healthcare Plan or an Authorization to Administer Medication form (found at end of this policy), and there is a reason to administer the medication at school.

Legally, prescription medication may be dispensed only by the school's Registered Nurse (RN), or the RN delegates the task of medication administration to a designee who has been trained in medication administration. This delegation is required annually. Prescription medication shall be administered by the school's RN, or designee, only when:

1. The medication is in a properly labeled container.
 - The container must be labeled with the student's name, name of the medication, dosage, instructions on how often to take the medication, name of the health-care provider (HCP), and current date.
2. Written orders from the student's HCP are on file at the school, stating the:
 - Student's name
 - Name of medication
 - Dosage
 - Route
 - Purpose of the medication
 - Time of day medication is to be administered
 - Anticipated number of days the medication needs to be administered in school
 - Possible side effects
3. The parent/guardian provides written permission to the school to administer a prescription medication.
4. School personnel keep an individual record of all medications administered by school personnel to any student.
5. Medication is stored in a clean, locked cabinet or container at the CEC school or approved location where it is to be administered.

Student's prescribed medications should be kept in the Health Office, with the exception of some rescue medications. Colorado law (C.R.S.22-1-119 Education Law, General Provisions) provides immunity to any school employee who administers any medication to a student in accordance with written instructions from a parent/guardian if there is an adverse reaction suffered by the student as a result of administering such medication.

Administration of Over-the-Counter Medications

CEC allows students to carry and self-administer one day's dosage of certain over-the-counter medications. This is a privilege, and these medications must be kept in the care and control of the student and are not to be shared with other CEC students or staff. The privilege of carrying over-the-counter medications can be revoked by CEC, if deemed necessary.

CEC RNs may delegate over-the-counter medication administration to the RN's designed unlicensed assistive personnel only if a parent/guardian has specifically requested it, the doctor's order is on file via a Healthcare Plan or Authorization to Administer Medication at School form, and there is a reason to administer the medication at school. In order for a student to receive an over-the-counter medication from a CEC Health Office, the Authorization to Administer Medication at School form must be completed by a parent/guardian, HCP, and given to the school's RN. All over-the-counter medications will be provided by parent/guardian in their original, labeled containers.

The *Authorization to Administer Medication at School* form that follows is also available from each school's Health Office.

Use of Opiate Antagonists in Emergency Situations

To the extent state funding and supplies are available, CEC shall have a stock supply of opiate antagonists to assist a student who is at risk of experiencing an opiate-related drug overdose event. For purposes of this policy, an opiate antagonist means naloxone hydrochloride or any similarly acting drug that is not a controlled substance and that is approved by the federal Food and Drug Administration (FDA) for the treatment of a drug overdose.

The stock supply of opiate antagonists may also be used to assist an employee or any other person who is at risk of experiencing an opiate-related drug overdose event.

Administration of an opiate antagonist by a CEC employee to a student or any other person shall be in accordance with applicable state law.



Authorization to Administer Medication in School Form

| Student's first name | Student's last name | Birth date |
|----------------------|---------------------|------------|
| | | |

Prescription Medication

- If any prescription medication is to be administered during school hours, this form must be completed and signed by a health-care provider and parent/guardian. Prescription medications can only be given during school hours by the Health Office when an authorization form is on file with the School Nurse.
- A student's medication must be kept in the school's Health Office unless a physician specifies self-carry on this form.
- Medication must be provided by parent/guardian in the original container in which it was purchased. When ordering prescription medication, please ask the pharmacist to provide an additional empty, labeled bottle to be stored at school.

Over-the Counter Medication

- If any over-the-counter medication is to be administered by the Health Office during school hours, this form must be completed by the parent/guardian, HCP, and given to the school's RN.
- Responsible students may carry one day's dosage of over-the-counter medication in original packaging. This is a privilege and can be revoked.
- Medications must be kept on the authorized user's person and not shared with peers.

If a student is not carrying a one day dosage of the over-the-counter medication, but has a Medication Authorization form on file, the student can go to the school's Health Office. Health offices will have a limited supply of Acetaminophen, Ibuprofen, Hydrocortisone Cream, and cough drops.

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|---|--|
| Name of Medication (Prescription and Over-the-Counter) | |
| Dosage | |
| Route/Method | |
| Times Given If this is PRN, please specify dosage, amount per day, timing between doses | <i>Note to health-care provider: If this is PRN, please specify dosage, amount per day, and/or timing between doses.</i> |
| Purpose of Medication | <i>Note to health-care provider: Please do not say 'as needed', specify the reason to give this medication.</i> |
| Potential Side Effects | |
| Student to Self-Carry? (except for controlled substances) | <div style="text-align: center;">{CIRCLE} YES NO</div> |
| End Date (if applicable) | |

Health-Care Provider Printed Name _____

Signature _____ Date _____

Parent/Guardian Printed Name _____

Signature _____ Date _____

School Nurse Signature _____ Date _____