

**ADMINISTERING MEDICATION TO STUDENTS**  
**See Board Policy (6.13 *Student Health Services*)**

Oral Medication in Schools

If under exceptional circumstances a child is required to take oral medication during school hours and the parent cannot be at school to administer the medication, the school nurse or principal's designee trained in administration of medication will administer the medication in compliance with the regulations that follow:

A. Written instructions signed by a physician will be required and must include:

1. Child's name
2. Name of medication
3. Time to be administered
4. Dosage
5. Possible side effects
6. Termination date for administering the medication
7. Special storage instructions

A medical form for this purpose may be obtained from each school's office.

- B. Over the counter medications (example: Tylenol, Advil, aspirin) must be prescribed by the physician or licensed health care provider to be given on an "as needed" basis for chronic illness. Over the counter medication will not be given for acute illnesses. Medical forms signed by the physician are also required for over-the-counter medications.
- C. The medication must be brought to school in a container labeled by the pharmacist according to the prescription.
- D. Students will not be permitted to carry medication to and from school. All medication that will be administered at school must be brought to the school office by the parent/guardian of the student. When the medication is completed, out-of-date, or at the end of the school year, parents will be advised in writing to pick up any unused medicine. Medications not picked up by parents (by the last day of school) will be destroyed.

Self-Administered Medications

Students that have conditions such as asthma, diabetes, and hypersensitivity to bee stings/insects may require self-administration of medications. The student may self-medicate when the following criteria are met:

- A. Written consent by parents on the medical form
- B. Written instructions signed by a physician are also included on the medical form
- C. Certain medications (i.e., inhalers) may be kept on the student's person if the physician deems necessary and provides instructions. This must be discussed with and approved by the school's principal and school nurse.
- D. The student must be trained in the procedure to manage his/her condition.

School's Responsibility

The school nurse or principal's designee trained in the administration of medication will:

1. Inform appropriate school personnel of the medication.
2. Keep a record of the administration of medication.
3. Keep medication in a locked cabinet.
4. Return unused medication to the parent/guardian only.

The school system retains the discretion to reject requests for administration of medication in the schools.

Illnesses and Injuries

Many parents are concerned about when to keep children who have been ill home from school. Some illnesses and injuries require a child to be sent home from the school to prevent the spread of infection to other children and staff. This allows the child time to rest, recover, and be treated for the illness or injury. This policy outlines illnesses and situations that require a student's absence and those that do not. If you are contacted by school staff stating that your child must go home, it will result in an excused check out or absence.

### **Parent's Responsibilities**

The parents of the child must assume responsibility for having the medication form properly completed and returned to the school. The parents of the child must assume responsibility for informing the school of a change in the child's health or change in medication.

The parents must be able to be contacted in case of any illness, injury, or other emergency. The parents must have a working and current phone number as well as emergency contacts. If a student is sent home, the parent should seek medical attention as advised and then bring back documentation from the doctor when the student returns to school. If you are advised to come pick up your child from school, be prompt as it could result in compromising care to other children. Your delayed response may also result in calling paramedics for further treatment and transportation of your child to Children's Hospital.

### **Keep your child at home if:**

- Temperature is greater than 100 degrees (orally) or higher. Student can return to school once the temperature has been below 100 degrees without medication for 24 hours or a note from the doctor.
- Vomiting 2 or more times in a 24-hour time period unless child has a note from doctor explaining the child's condition for frequent vomiting.
- Diarrhea episodes which are 2 or more watery stools in a 12-hour time period. Student may return once the source of diarrhea is identified or resolved. If diarrhea is due to Salmonella, Shigellosis, or E. Coli infections, the student must have a note from their doctor stating they are safe to return to school.
- Blood in stools that cannot be explained by dietary changes, medications, or constipation
- Abdominal pain that continues for more than 2 hours or intermittent pain associated with fever, vomiting, or diarrhea.
- Mouth sores with drooling
- Rashes of unknown cause
- Excessive coughing of unknown cause

### **Conditions that require attention after school**

The conditions that do not require the student to go immediately home, but require a phone call to parent to seek medical attention after school include:

- Wound infections
- Pediculosis (head lice): Student will go home at the end of the day and may return once head has been treated and proof of treatment is brought to school (empty box or receipt). Remember an additional treatment is needed 7 days later to kill eggs that have hatched.
- Seasonal allergies
- Injuries that may need attention once home, such as a sprained ankle.
- Ringworm: Ringworm is a fungal infection that is not usually contagious. Proof of treatment is requested when the student returns to school.

### **Conditions that require child to be absent for at least 24 hours**

The conditions that the student must be absent from school for at least 24 hours after treatment has begun and require proof of doctor visit include:

- Pink eye (contagious conjunctivitis): One or both eyes will be pink (bloodshot), runny, and have some greenish mucous at either or both corners of the eyes. Eyes may become matted shut while sleeping.
- Streptococcal Pharyngitis (strep throat)
- Scabies
- Pinworms
- Impetigo (bacterial skin infection)
- Vomiting and/or diarrhea

- Fevers greater than 100 degrees

**Conditions that require child to be absent for at least 5-10 days**

The conditions that require a student to be absent from school for at least 5-10 days and require a medical release to return to school include:

- Influenza (Flu): Student must remain at home for at least 5 days and fever is below 100 degrees without medication for 24 hours or a medical release stating that the student may return.
- Measles: Student must remain at home until 5<sup>th</sup> day after rash disappears or Jefferson County Health Department states child is noninfectious.
- Mumps: Student must remain at home until 9 days after onset of parotid gland swelling.
- Varicella zoster (chicken pox): Student must remain at home until all lesions have dried and formed scabs, usually within 6 days of onset of rash.
- Pertussis (whooping cough): Student must remain at home until 5 days of antibiotic has been completed or Jefferson County Health Department states child is noninfectious.
- Surgical procedures: Any student that undergoes a surgical procedure should remain at home for the recommended amount of time by his/her doctor. This is for their safety from other students and infection prevention.
- Corona Virus (COVID-19) Student must remain at home for at least 5 days and fever is below 100 degrees without medication for 24 hours or a medical release stating that the student may return.

**Conditions that do not require absence**

- Common colds, runny noses, and coughs
- Watery eye discharge without fever, eye pain, or eyelid redness
- Fifth disease in a child without immune problems
- Rash without fever or behavioral changes, such as eczema
- Seasonal allergies
- Bumps from bug bites or grass allergies

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