

**Broken Arrow Public Schools  
Inhaled Medications Administration Form**

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

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*To Be Completed by Student*

I have read and understand the medication policy on the reverse side of this form. I agree to abide by the policy.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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*To Be Completed by Parent*

I am the parent/guardian with legal custody of the above named student. I have read and understand the medication policy on the reverse side of this form. I understand that the school district and its employees and agents shall incur no liability as a result of any injury arising from the self-administration of medication by my child. I agree to abide by the medication policy and:

**One of the following options must be checked:**

- I request that my child be allowed to carry and self-administer the physician-ordered medication listed below. I understand that my child and I are responsible for safeguarding the carried medication. I agree to provide the school with an additional supply of the medication ordered below, which will be kept in the school health office in the event that my child does not have his/her self-carried medication.
- I request that a certified school nurse administer the physician-ordered medication listed below. I request that my child be allowed to self-administer the medication in the absence of a school nurse. I understand that I will be notified if my child self-administers this medication. The attached H-36B must be completed.
- I request that a certified school nurse administer the physician ordered medication listed below. In the absence of a school nurse, I request that a designated school employee administer my child's medication. I understand I will be notified if a school employee other than a school nurse administers this medication. This option requires a parent/guardian meeting with school employee(s) and the completion of form H-36B prior to initiation of the plan.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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*To Be Completed by Physician*

Student Name \_\_\_\_\_ Diagnosis \_\_\_\_\_

Medication Order \_\_\_\_\_

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Note: If ordered, p.r.n. the interval for repetition of the dose must be specified.

Side Effects to Expect \_\_\_\_\_

**One of the following options must be checked:**

- In my professional opinion, it is medically necessary that this student be allowed to carry and self-administer the above medication. I verify that this student has the knowledge and skills to safely administer and safeguard this medication.
- I authorize this medication to be administered by a certified school nurse. In the event that a school nurse is not available, I authorize this student to self-administer the above medication. I verify that this student has the knowledge and skills to safely administer this medication. I understand that the student's parent/guardian will be notified if the student self-administers.
- I authorize this medication to be administered by a certified school nurse. In the event a school nurse is not available, I understand that the parent/guardian is requesting that a school employee administer this medication.

Note: In accordance with Attorney General Opinion 98-24, licensed nurses may not delegate respiratory care therapy to unlicensed persons.

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Student Carried Medication

Oklahoma law and Broken Arrow Public Schools' policies allow certain school employees to administer medications as long as specific guidelines are followed. Oklahoma law does not address physician approved student carried and self administered medication other than inhalers. When physicians and parents request that medication be student carried and self-administered, this policy will be followed.

- Carrying medication or self-administration of medication without specific prior permission is strictly prohibited.
- Only those medications that are considered to be life sustaining such as inhalers or epi-pens may be carried by students in grades PreK-8.
- Controlled substances may not be student carried and self-administered under any circumstance. Controlled substances must be administered by designated school personnel.
- No experimental or investigational drug without proper FDA approval or expired medication will be self administered at school.
- Student carried medications must meet the labelling requirements described in the medication policy.
- A completed "Permission for Student to Carry and Self Administer Medication" or an "Inhaled Medication Administration Form" must be on file in the Health Room for any medication carried by a student in grades PreK-8 or for any medication carried more than ten days by a student in grades 9-12. A new form is required each school year. In the event of a change in dosage amount or time of administration, a new form must be completed.  
Note: If a "Permission for Student to Carry and Self Administer Medication" or an "Inhaled Medication Administration Form" is completed, a "Request for Administration of Medication During the School Day" is NOT needed.
- A Certified School Nurse may grant permission for students in grades 9-12 to carry a daily dose of non-prescription medications and/or prescription medications that are taken ten days or less upon written authorization of a parent or guardian. Requests to self-administer such items as vitamins, herbs, and nutritional supplements will require written instructions from a licensed physician.
- It is the responsibility of the prescribing physician and the parent/guardian to educate the student regarding all aspects of self-administration and custody of medications.
- Medications may not be self-administered in a manner other than that specified on the label without written instructions from a licensed physician.
- The school district and its employees and agents shall incur no liability as a result of any injury arising from the self-administration of medication by any student.
- Any student who carries an approved medication is responsible for safeguarding that medication. Employees of Broken Arrow Public Schools will not be responsible for monitoring administration, effects, custody, disposal, or any other aspect of student carried medications. These responsibilities rest with the student and parent or guardian.
- Permission to carry medication may be withdrawn for failure to comply with any aspect of this policy.

### Self-Administered Inhaled Medications in the Absence of a Certified School Nurse

- It is the responsibility of the prescribing physician and the parent/guardian to have educated the student regarding all aspects of self-administration of medications.
- Medications may not be self-administered in a manner other than that specified on the label without written instructions from a licensed physician.
- When ordered by a physician and requested by a parent/guardian, non-nurse employees will provide access to inhaled medications for the purpose of self-administration upon request of the student.
- Non-nurse employees of Broken Arrow Public Schools will not be responsible for assessment or determination of the student's condition prior to or after self-administration of a medication.
- Students will be allowed to self-medicate as requested by the physician and parent/guardian in the absence of a school nurse.
- A parent/guardian will be notified as soon as possible when a student self-medicates due to unavailability of a school nurse.
- The parent/guardian will designate instructions for resuming school activities (form H-36B)

### Inhaled Medications Administered by Non-nurse School Employees

- It is the responsibility of the parent/guardian to instruct specified school employees regarding all aspects of the student's inhaled medications.
- Medications may not be administered in a manner other than that specified on the label without written instructions from a licensed physician.
- When requested by a parent/guardian, non-nurse employees will administer inhaled medications upon request of the student.
- Non-nurse employees of Broken Arrow Public Schools will not be responsible for assessment or determination of the student's condition prior to or after administration of a medication.
- A parent/guardian will be notified as soon as possible when a student receives medication from a non-nurse employee due to unavailability of the school nurse.
- The parent/guardian will designate instructions for resuming school activities (form H-36B)