

Consent For Student to Self-Administer Asthma Medication

Code No. 507.2

Administration of Medication to Students

Some students may need prescription and nonprescription medication to participate in their educational program.

Medication shall be administered when the student's parent or guardian (hereafter "parent") provides a signed and dated written statement requesting medication administration and the medication is in the original, labeled container, either as dispensed or in the manufacturer's container.

When administration of the medication requires ongoing professional health judgment, an individual health plan shall be developed by the licensed health personnel with the student and the student's parent. Students who have demonstrated competence in administering their own medications may self-administer their medication. A written statement by the student's parent shall be on file requesting co administration of medication, when competence has been demonstrated. By law, students with asthma or other airway constricting diseases may self-administer their medication upon approval of their parents and prescribing physician regardless of competency.

Persons administering medication shall include the licensed registered nurse, parent, physician, and persons who have successfully completed a medication administration course. A medication administration course and periodic update shall be conducted by a registered nurse or licensed pharmacist, and a record of course completion kept on file at the agency.

Legal Reference: §124.101(1), Code of Iowa

§147.107, Code of Iowa

§155A.4(2), Code of Iowa

§152.1, Code of Iowa

§280.23, Code of Iowa

§280.16, Code of Iowa

Education [281]—§41.12(11) IAC

Pharmacy [657]—§8.32(124, 155A), IAC

Nursing Board [655]—§6.2(152), IAC

Cross Reference:

506 Student Records

507 Student Health and Well-Being

603.3 Special Education

607.2 Student Health Services

Approved _____ Reviewed _____ Revised _____

Administration of Medication to Students

A written medication administration record shall be on file including:

- date;
- student's name;
- prescriber or person authorizing administration;
- medication;
- medication dosage;
- administration time;
- administration method;
- signature and title of the person administering medication; and
- any unusual circumstances, actions, or omissions.

Medication shall be stored in a secured area unless an alternate provision is documented. Emergency protocols for medication-related reactions shall be posted. Medication information shall be confidential information.

Note: This law reflects the Iowa Department of Education's special education administrative rule regarding administration of medication. Since there are no rules addressing students not receiving special education services, IASB has written the sample policies and regulations to address all students.

Iowa law requires school districts to allow students with asthma or other airway constricting disease to carry and self-administer their medication as long as the parents and prescribing physician report and approve in writing. Students do not have to prove competency to the school district. The consent form, see Appendix B, is all that is required. School districts that determine students are abusing their self-administration may either withdraw the self-administration if medically advisable or discipline the student, or both.

Consent For Student to Self-Administer Asthma Medication

_____ / ____ / ____
 Student's Name (Last) (First) (Middle) Birthday School Date

In order for a student to self-administer medication for asthma or any airway constricting disease:

- Parent/guardian provides signed, dated authorization for student medication self-administration.
- Physician (person licensed under chapter 148, 150, or 150A, physician, physician's assistant, advanced registered nurse practitioner, or other person licensed or registered to distribute or dispense a prescription drug or device in the course of professional practice in Iowa in accordance with section 147.107, or a person licensed by another state in a health field in which, under Iowa law, licensees in this state may legally prescribe drugs) provides written authorization containing:
 - purpose of the medication,
 - prescribed dosage,
 - times or;
 - special circumstances under which the medication is to be administered.
- The medication is in the original, labeled container as dispensed or the manufacturer's labeled container containing the student name, name of the medication, directions for use, and date.
- Authorization is renewed annually. If any changes occur in the medication, dosage, or time of administration, the parent is to notify school officials immediately.

Provided the above requirements are fulfilled, a student with asthma or other airway constricting disease may possess and use the student's medication while in school, at school-sponsored activities, under the supervision of school personnel, and before or after normal school activities, such as while in before-school or after-school care on school-operated property. If the student abuses the self-administration policy, the ability to self-administer may be withdrawn by the school or discipline may be imposed.

Pursuant to state law, the school district or accredited nonpublic school and its employees are to incur no liability, except for gross negligence, as a result of any injury arising from self-administration of medication by the student. The parent or guardian of the student shall sign a statement acknowledging that the school district or nonpublic school is to incur no liability, except for gross negligence, as a result of self-administration of medication by the student as established by *Iowa Code* § 280.16.

Medication	Dosage	Route	Time
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Purpose of Medication & Administration /Instructions

Special Circumstances	/ ____ / ____ Discontinue/Re-Evaluate/ Follow-up Date
Prescriber's Signature	/ ____ / ____ Date

Prescriber's Address	Emergency Phone
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Consent For Student to Self-Administer Asthma Medication

Self-Administration Authorization Additional Information:

I request the above named student possess and self-administer asthma or other airway constricting disease medication(s) at school and in school activities according to the authorization and instructions.

- I understand the school district and its employees acting reasonably and in good faith shall incur no liability for any improper use of medication or for supervising, monitoring, or interfering with a student's self-administration of medication.
- I agree to coordinate and work with school personnel and notify them when questions arise or relevant conditions change.
- I agree to provide safe delivery of medication and equipment to and from school and to pick up remaining medication and equipment.
- I agree the information is shared with school personnel in accordance with the Family Education Rights and Privacy Act (FERPA).
- I agree to provide the school with back-up medication approved in this form.
- (Student maintains self-administration record.) (*Note: This bullet is recommended but not required.*)

Parent/Guardian Signature (agree to above statement)

_____/_____/_____
Date

Date

Parent/Guardian Address

Home Phone

Business Phone

Cell Phone(s)