

POLICY FOR EMERGENCIES REQUIRING INJECTABLE MEDICATION AT SCHOOL

The following policy has been established for injectable medication administered in emergency situations at school.

1. **A nurse must administer injectable medications.** When an emergency requiring injectable medication occurs, a nurse may not be in the building, since a nurse serves several buildings. If the nurse is not in the building, the 911 emergency number will be called to get emergency medical assistance. The exception to this is the use of an Epi-Pen for a severe allergic reaction resulting in anaphylaxis. In this case, a designated nonprofessional first aid provider trained by a school nurse may administer an injectable Epi-Pen (Epinephrine .3 mg) or Epi-Pen, Jr. (Epinephrine .15 mg).
2. The injectable medication form **must be completed and signed by the student's doctor and must also be signed by parents or guardian** before the nurse is authorized to give the injectable medication.
3. The authorization form must be renewed each school year.
4. Medicine prescribed by a doctor must have a pharmaceutical label to be accepted at school. (This medication is to be furnished by the parent or guardian). The label should include the following information:
 - a) Student's name
 - b) Current date
 - c) Name of medication and specific instructions such as amount and time to be given.
 - d) Name of doctor prescribing medication.
5. Students with chronic or specific problems requiring medication for emergency situations should have their medication properly labeled as listed above. **Specific written instructions must be provided as to when and under what circumstances medication is to be given.** This information should be **provided and signed by the student's doctor annually.**

I have read and understand the CPS medication policy. I give my permission for CPS Staff to administer medication according to the directions. I give permission to the school nurse to contact the physician regarding the diagnosis related to the medication prescribed and for clarification of medication orders.

Parent/Guardian Signature

Start Date

Home Phone Number

Work Phone Number

End Date