

1 Administering Medicines to Students

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3 “Medication” means prescribed drugs and medical devices that are controlled by the U.S. Food  
4 and Drug Administration and are ordered by a health care provider. It includes over-the-counter  
5 medications prescribed through a standing order by the school physician or prescribed by the  
6 student’s health care provider.

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8 The building principal or other administrator may authorize, in writing, any school employee:

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10 To assist in self-administration of any drug that may lawfully be sold over the counter  
11 without a prescription to a student in compliance with the written instructions and with  
12 the written consent of a student’s parent or guardian; and

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14 To assist in self-administration of a prescription drug to a student in compliance with  
15 written instructions of a medical practitioner and with the written consent of a student’s  
16 parent or guardian.

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18 Except in an emergency situation, only a qualified health care professional may administer a  
19 drug or a prescription drug to a student under this policy. Diagnosis and treatment of illness and  
20 the prescribing of drugs are never the responsibility of a school employee and should not be  
21 practiced by any school personnel.

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23 Administering Medication

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25 The Board will permit administration of medication to students in schools in its jurisdiction. A  
26 school nurse (who has successfully completed specific training in administration of medication),  
27 pursuant to written authorization of a physician or dentist and that of a parent, an individual who  
28 has executed a caretaker relative educational authorization affidavit, or guardian, may administer  
29 medication to any student in the school or may delegate this task pursuant to Montana law.

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31 Emergency Administration of Medication

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33 In case of an anaphylactic reaction or risk of such reaction, a school nurse or delegate may  
34 administer emergency oral or injectable medication to any student in need thereof on school  
35 grounds, in a school building, or at a school function, according to a standing order of a chief  
36 medical advisor or a student’s private physician.

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1 In the absence of a school nurse, an administrator or designated staff member exempt from the  
2 nurse license requirement under § 37-8-103(1)(c), MCA, who has completed training in  
3 administration of medication, may give emergency medication to students orally or by injection.  
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5 The Board requires that there must be on record a medically diagnosed allergic condition that  
6 would require prompt treatment to protect a student from serious harm or death.  
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8 A building administrator or school nurse will enter any medication to be administered in an  
9 emergency on an individual student medication record and will file it in a student's cumulative  
10 health folder.  
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### 12 Self-Administration of Medication

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14 The District will permit students who are able to self-administer specific medication to do so  
15 provided that:  
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- 17 • A physician or dentist provides a written order for self-administration of said medication;
- 18 • Written authorization for self-administration of medication from a student's parent, an  
19 individual who has executed a caretaker relative educational authorization affidavit, or  
20 guardian is on file; and
- 21 • A principal and appropriate teachers are informed that a student is self-administering  
22 prescribed medication.  
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24 A building principal or school administrator may authorize, in writing, any employee to assist  
25 with self-administration of medications, provided that only the following may be employed:  
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- 27 • Making oral suggestions, prompting, reminding, gesturing, or providing a written guide  
28 for self-administering medications;
- 29 • Handing to a student a prefilled, labeled medication holder or a labeled unit dose  
30 container, syringe, or original marked and labeled container from a pharmacy;
- 31 • Opening the lid of a container for a student;
- 32 • Guiding the hand of a student to self-administer a medication;
- 33 • Holding and assisting a student in drinking fluid to assist in the swallowing of oral  
34 medications;  
35 and
- 36 • Assisting with removal of a medication from a container for a student with a physical  
37 disability that prevents independence in the act.  
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1 Self-Administration or Possession of Asthma, Severe Allergy, or Anaphylaxis Medication

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3 Students with allergies or asthma may be authorized by the building principal or Superintendent,  
4 in consultation with medical personnel, to possess and self-administer emergency medication  
5 during the school day, during field trips, school-sponsored events, or while on a school bus. The  
6 student shall be authorized to possess and self-administer medication if the following conditions  
7 have been met.

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- 9 • A written and signed authorization from the parents, an individual who has executed a  
10 caretaker relative educational authorization affidavit, or guardians for self-administration  
11 of medication, acknowledging that the school district or its employees are not liable for  
12 injury that results from the student self-administering the medication.
  - 13 • The student must have the prior written approval of his/her primary health care provider.  
14 The written notice from the student's primary care provider must specify the name and  
15 purpose of the medication, the prescribed dosage, frequency with which it may be  
16 administered, and the circumstances that may warrant its use.
  - 17 • Documentation that the student has demonstrated to the health care practitioner and the  
18 school nurse, if available, the skill level necessary to use and administer the medication.
  - 19 • Documentation of a doctor-formulated written treatment plan for managing asthma,  
20 severe allergies, or anaphylaxis episodes of the student and for medication use by the  
21 student during school hours.

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23 Authorization granted to a student to possess and self-administer medication shall be valid for  
24 the current school year only and must be renewed annually.

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26 A student's authorization to possess and self-administer medication may be limited or revoked  
27 by the building principal or other administrative personnel.

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29 If provided by the parent, an individual who has executed a caretaker relative educational  
30 authorization affidavit, or guardian, and in accordance with documentation provided by the  
31 student's doctor, backup medication must be kept at a student's school in a predetermined  
32 location or locations to which the student has access in the event of an asthma, severe allergy, or  
33 anaphylaxis emergency.

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35 Immediately after using epinephrine during school hours, a student shall report to the school  
36 nurse or other adult at the school who shall provide follow up care, including making a 9-1-1  
37 emergency call.

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1 Administration of Glucagons

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3 School employees may voluntarily agree to administer glucagons to a student pursuant to § 20-5-  
4 412, MCA, only under the following conditions: (1) the employee may administer glucagon to a  
5 diabetic student only in an emergency situation; (2) the employee has filed the necessary  
6 designation and acceptance documentation with the District, as required by § 20-5-412(2), MCA,  
7 and (3) the employee has filed the necessary written documentation of training with the District,  
8 as required by § 20-5-412(4), MCA.

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10 Handling and Storage of Medications

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12 The Board requires that all medications, including those approved for keeping by students for  
13 self-medication, be first delivered by a parent, an individual who has executed a caretaker  
14 relative educational authorization affidavit, or other responsible adult to a nurse or employee  
15 assisting with self-administration of medication. A nurse or assistant:

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- 17 • Must examine any new medication to ensure it is properly labeled with dates, name of  
18 student, medication name, dosage, and physician's name;
- 19 • Must develop a medication administration plan, if administration is necessary for a  
20 student, before any medication is given by school personnel;
- 21 • Must record on the student's individual medication record the date a medication is  
22 delivered and the amount of medication received;
- 23 • Must store medication requiring refrigeration at 36° to 46° F;
- 24 • Must store prescribed medicinal preparations in a securely locked storage compartment;  
25 and
- 26 • Must store controlled substances in a separate compartment, secured and locked at all  
27 times.

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29 The District will permit only a forty-five-(45)-school-day supply of a medication for a student to  
30 be stored at a school; and all medications, prescription and nonprescription, will be stored in  
31 their original containers.

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33 The District will limit access to all stored medication to those persons authorized to administer  
34 medications or to assist in the self-administration of medications. The District requires every  
35 school to maintain a current list of those persons authorized by delegation from a licensed nurse  
36 to administer medications.

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38 The District may maintain a stock supply of auto-injectable epinephrine to be administered by a

1 school nurse or other authorized personnel to any student or nonstudent as needed for actual or  
2 perceived anaphylaxis. If the district intends to obtain an order for emergency use of epinephrine  
3 in a school setting or at related activities, the district shall adhere to the requirements stated in  
4 20-5-420, Section 2 MCA.

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6 The District may maintain a stock supply of an opioid antagonist to be administered by a school  
7 nurse or other authorized personnel to any student or nonstudent as needed for an actual or  
8 perceived opioid overdose. A school that intends to obtain an order for emergency use of an  
9 opioid antagonist in a school setting or at related activities shall adhere to the requirements in  
10 law.

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12 Disposal of Medication

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14 The District requires school personnel either to return to a parent, an individual who has  
15 executed a caretaker relative educational authorization affidavit, or guardian or, with permission  
16 of the parent, an individual who has executed a caretaker relative educational authorization  
17 affidavit, or guardian, to destroy any unused, discontinued, or obsolete medication. A school  
18 nurse, in the presence of a witness, will destroy any medicine not repossessed by a parent or  
19 guardian within a seven-(7)-day period of notification by school authorities.

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21 Legal Reference: § 20-5-412, MCA Definition – parent-designated adult  
22 administration of glucagons training  
23 8.32.1733, ARM Tasks Which May Be Routinely Assigned to an  
24 Unlicensed Person in any Setting When a Nurse-  
25 Patient Relationship Exists  
26 HB 323, Chapter #154 Emergency use of an opioid antagonist in school  
27 setting – limit on liability – signed by Governor  
28 4/4/2017 - (effective July 1, 2017)  
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30 Policy History:

31 Adopted on: February 2007

32 Revised on: April 15, 2008, October, 2011, July 2013, March 2018  
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34 *Note: The revision adds references to caretaker relative. It removed the specification of epipen  
35 or asthma inhalers and added severe allergy references. It also defined the administration of  
36 glucagons.*

37 *Note: The revision re-defined that an employee may administer glucagon ONLY in an  
38 emergency situation.*

- 1 *Note: July 2013 revision adds the ability of the district to have a stock supply of auto-injectable*
- 2 *epinephrine on hand.*
- 3 *Note: 2018 revision adds the ability of the district to have a stock of Opioid antagonist on hand.*