

Board Approved 5/18/00 Board Revised 2/19/04 Board Revised 1/18/07 Board Revised 11/19/09	ROANE COUNTY BOARD OF EDUCATION	
	Medicines	Policy # 3.33
		Date Passed November 19, 2009

1 **3.33 MEDICINES**

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3 If under exceptional circumstances a child is required to take non-prescription or prescription
4 medication during school hours and the parent cannot be at school to administer the
5 medication, only the principal or the principal's designee will assist in self-administration of the
6 medication if the student is competent to self-administer medicine with assistance in
7 compliance with the following regulations.¹

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9 Written instructions signed by the parent will be required for prescriptions and non-prescription
10 medications administered for up to a maximum of two (2) weeks and will include:

- 11
12 1. Child's name;
13 2. Name of medication;
14 3. Name of physician;
15 4. Time to be self-administered;
16 5. Dosage and directions for self-administration (non-prescription medicines must
17 have label direction);
18 6. Possible side effects, if known; and
19 7. Termination date for self-administration of the medication.

20
21 The parent/guardian must submit to the school principal/designee a completed Roane County
22 Schools Physician Medication Authorization (PMA) Form signed by the parent/guardian and
23 physician for any medications administered for periods greater than two (2) weeks.

24
25 The medication must be delivered in its original container to the principal's office in person by
26 the parent or guardian of the student unless the medication must be retained by the student
27 for immediate self-administration (i.e. students with asthma). If medication is to be retained by
28 student, school must have Roane County Schools PMA Form signed by the parent/guardian
29 and physician. For students with asthma, the parent/guardian must submit a completed and
30 signed Asthma Packet to the principal/designee. Additionally the student must have a note
31 from the parent to allow self-administration.

32
33 The administrator/designee will:

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35 1. Inform appropriate school personnel of the medication to be self-administered;
36 2. Keep written instructions from parent and the PMA Form in student's record;
37 3. Keep an accurate record of the self-administration of the medication;
38 4. Keep all medication in a locked cabinet except medication retained by a student per
39 physician's order;
40 5. Return unused prescription to the parent or guardian only or dispose of within 10
41 days of end of school with a documented witness observing; and

42 6. Ensure that all guidelines developed by the Department of Health and the
43 Department of Education are followed and the Roane County Schools Checklist for
44 Administration of medication is completed and signed.

45
46 The parent or guardian is responsible for informing the designated official of any change in the
47 student's health or change in medication. The parent/guardian must also submit a revised
48 copy of a completed and signed PMA Form.

49
50 A copy of this policy shall be provided to a parent or guardian upon receipt of a request for
51 long-term administration of medication.

52
53 **BLOOD GLUCOSE SELF-CHECKS**

54
55 Upon written request of a parent or guardian, and if included in the student's medical
56 management plan and in the IHP, a student with diabetes shall be permitted to perform a
57 blood glucose check or administer insulin using any necessary diabetes monitoring and
58 treatment supplies, including sharps. The student shall be permitted to perform the testing in
59 the school clinic whenever necessary.

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61 Sharps shall be stored in a secure, but accessible location, including the student's person,
62 until use of such sharps is appropriate.

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64 Use and disposal of sharps shall be in compliance with the guidelines set forth by the
65 Tennessee Occupational Safety and Health Administration (TOSHA).²

Legal References:

¹ TCA 49-5-415

² TCA 49-5-415(d)(7), Public Acts 2006, Chapter No. 54