



CWCTC MEDICATION PROCEDURES

The administration of any student medication, both prescription and nonprescription (including over the counter medications), during school hours is strongly discouraged. There are many safety concerns about students carrying medication such as forgetting to take medication, having an adverse reaction to medication, and sharing medications. For these reasons, CWCTC prefers that medications be administered at home. If a physician deems it medically necessary for a student to take medication, please arrange the times so that the medicine does not have to be administered at school. If deemed necessary by a physician, all medications will be administered at CWCTC by or under the supervision of the school nurse, school principal, designee, or the parent/guardian. According to discretionary policy, the principal may investigate incidents in which students are observed to be taking or providing medication on their own without parent/guardian direction and school notification.

Students who do not follow medication procedures will be subject to the CWCTC disciplinary Code of Conduct. Under no circumstances should students have in their possession or provide any medications or supplements in pill, liquid form, or otherwise on CWCTC property or transporting such medications to or from CWCTC. Only with the permission from CWCTC administration, parents/ guardians, and licensed physicians should students have medication in their possession (For Example: Rescue Inhaler or Epi pen).

PRESCRIPTION AND NON-PRESCRIPTION MEDICATION

The procedures for administration and dissemination of prescription and non-prescription medication or any substance in pill, liquid, or any other form is the same.

1. A "Medication Administration" form or "private Physician Request for Administration of Medication During School Hours" form must be completed by the student's physician to include: name of student, name of medication, dosage prescribed, time to be given, duration of medication, and physician's signature and date. This form can be found on our website or CWCTC Student/Parent/Guardian Handbook.
2. A "Medication Administration" form or "Consent form for Prescription Medication" form must be completed by the parent/guardian granting permission for medication to be dispensed.
3. **Parent/Guardian must supply and transport all medication in the original container to the school.**
All prescription medication must be clearly labeled by the pharmacy or physician. The pharmacist can supply a second labeled bottle for school use. Medication delivered to the school should not exceed more than a one-month supply. If a narcotic is administered to the student at school, the nurse will contact the parent/guardian to come to school and take the student home.
4. Non-prescription medication must be supplied and transported by the parent/guardian in a clearly labeled original container (directions must be visible).
5. Written dated orders from the physician must accompany ANY CHANGE in the medication prescription.
6. Parents/Guardians are responsible to monitor the number of doses provided and know when a refill is needed.
7. If it is necessary for the parent/guardian to bring any medication of any type to their child during the school day without the proper documentation, it is the parent's responsibility to administer the medication in the first aid room.
8. If a new medication is prescribed for your child by his/her physician, the initial dose should be administered prior to the first school dose.
9. All unused medication must be picked up by a parent/guardian prior to the last day of school. Any medication that is not picked up will be properly disposed of at the end of the last school day. No medication will be saved for use the following year.

POSSESSION/USE OF ASTHMA INHALERS/EPINEPHRINE AUTO-INJECTORS

CWCTC shall permit students in schools to possess asthma inhalers and epinephrine auto-injectors and to self-administer the prescribed medication in compliance with state law and Joint Operating Committee policy. Before the CWCTC permits students to possess or use an asthma inhaler or epinephrine auto-injector in the school setting, the Joint Operating Committee and CWCTC Administration shall require the following:

1. A written request from the parent/guardian that the CWCTC complies with the order of the licensed physician, certified nurse practitioner or physician assistant.
2. A written statement from the parent/guardian acknowledging that the CWCTC is not responsible for ensuring the medication is taken and relieving the CWCTC and its employees of responsibility for benefits or consequences of the prescribed medication.
3. A written statement from the licensed physician, certified registered nurse practitioner or physician assistant that states:
 - a. Name of the drug
 - b. Prescribed dosage
 - c. Times medication is to be taken
 - d. Length of time medication is to be prescribed
 - e. Diagnosis or reason medication is needed, unless confidential
 - f. Potential serious reaction or side effects of medication
 - g. Emergency response
 - h. If student is able to self-administer the medication

A written request for student use of an asthma inhaler and/or epinephrine auto injector shall be submitted annually, along with required written statements and updated prescription. Students must demonstrate competency for self-administration.

Students shall be prohibited from sharing, giving, selling, and using an asthma inhaler or epinephrine auto-injector in any manner other than which it is prescribed during school hours at any time while on CWCTC property, during time spent traveling to and from the CWCTC or participating in school sponsored activities. Violations of this policy shall result in loss of privilege to self-carry said medications and disciplinary action in accordance with the CWCTC code of conduct and Joint Operating Committee policy.

SPECIAL MEDICAL CONDITIONS

Parents are encouraged to report any medical conditions to the CWCTC Administration. The information is vital if a medical emergency arises. It is vital information not only for the student, but also for the medical or school personnel dealing with the emergency. Certain information may be shared with other staff members when the Health Personnel/Administration deems it necessary for the health and safety of the student. Otherwise, such information will be considered confidential.

**CENTRAL WESTMORELAND CAREER & TECHNOLOGY CENTER
MEDICATION ADMINISTRATION PERMISSION FORM**

(For Possession and Use of Asthma Inhalers and Epinephrine Auto-Injectors)

Student Name _____ Grade _____ AM / PM

Home School _____ Program _____ Instructor _____

Medications should be given at home whenever possible. If medication must be given at school, both a written order from the child's physician and a written consent form from the parent/guardian must be submitted for all medication, prescriptive and over the counter. In order for your child to receive any medication at school, this form must be completed in its entirety and returned to the certified school nurse. Medication is limited to thirty (30) doses. All medications must be brought to the certified school nurse in their original container that is appropriately labeled by the pharmacy or physician.

A. Parental/Guardian Consent

I give permission for my child, _____, to hand carry and self-administer the following medication ordered below by a licensed prescriber during the school day. I release CWCTC and its employees of any responsibility for the benefits or consequences of this medication and acknowledge that the school entity bears no responsibility for ensuring that the medication is taken.

Parent/Guardian Signature: _____ Date _____

Parent/Guardian Printed Name: _____ Phone _____

B. Licensed Prescriber Medication Order

Student Name _____ Date _____

Medication _____ Route/Dosage _____

Time of Administration _____ Discontinuation Date _____

Allergies _____

Side Effects _____

Licensed Prescriber Signature _____

Prescriber Name Printed _____

Address _____ Phone _____

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Student Name _____ Grade _____ AM / PM

Home School _____ Program _____ Instructor _____

Medications should be given at home whenever possible. If medication must be given at school, both a written order from the child's physician and a written consent form from the parent/guardian must be submitted for all medication, prescriptive and over the counter. In order for your child to receive any medication at school, this form must be completed in its entirety and returned to the certified school nurse. Medication is limited to thirty (30) doses. All medications must be brought to the certified school nurse in their original container that is appropriately labeled by the pharmacy or physician.

A. Parental/Guardian Consent

I give permission for my child, _____, to receive the following medication ordered below by a licensed prescriber during the school day. I understand the certified school nurse, or the designated registered or licensed practical nurse will give the medication.

Parent/Guardian Signature: _____ Date _____

Parent/Guardian Printed Name: _____ Phone _____

B. Licensed Prescriber Medication Order

Student Name _____ Date _____

Medication _____ Route/Dosage _____

Time of Administration _____ Discontinuation Date _____

Allergies _____

Side Effects _____

Licensed Prescriber Signature _____

Prescriber Name Printed _____

Address _____ Phone _____