

## **516 STUDENT MEDICATION AND TELEHEALTH**

### **I. PURPOSE**

The purpose of this policy is to set forth the provisions that must be followed when administering nonemergency prescription medication to students at school.

### **II. GENERAL STATEMENT OF POLICY**

The school district acknowledges that some students may require prescribed drugs or medication or telehealth during the school day. The school district's licensed school nurse, trained health clerk, principal, or teacher will administer prescribed medications, except any form of medical cannabis, in accordance with law and school district procedures.

### **III. DRUG AND MEDICATION REQUIREMENTS**

#### **A. Administration of Drugs and Medicine**

1. The administration of medication or drugs at school requires a completed signed request from the student's parent. An oral request must be reduced to writing within two school days, provided that the school district may rely on an oral request until a written request is received.
2. Drugs and medicine subject to Minnesota Statutes, 121A.22 must be administered, to the extent possible, according to school board procedures that must be developed in consultation with:
  - a. with a licensed nurse, in a district that employs a licensed nurse under Minnesota Statutes, section 148.171;
  - b. with a licensed school nurse, in a district that employs a licensed school nurse licensed under Minnesota Rules, part 8710.6100;
  - c. with a public or private health-related organization, in a district that contracts with a public or private health or health-related organization, according to Minnesota Statutes, 121A.21; or
  - d. with the appropriate party, in a district that has an arrangement approved by the Commissioner of the Minnesota Department of Education, according to Minnesota Statutes, 121A.21.
3. Exclusions

The provisions on administration of drugs and medicine above do not apply to drugs or medicine that are:

- a. purchased without a prescription;
- b. used by a pupil who is 18 years old or older;
- c. used in connection with services for which a minor may give effective consent;
- d. used in situations in which, in the judgment of the school personnel, including a licensed nurse, who are present or available, the risk to the

pupil's life or health is of such a nature that drugs or medicine should be given without delay;

- e. used off the school grounds;
- f. used in connection with athletics or extracurricular activities;
- g. used in connection with activities that occur before or after the regular school day;
- h. provided or administered by a public health agency to prevent or control an illness or a disease outbreak as provided under Minnesota law;
- i. prescription asthma or reactive airway disease medications can be self-administered by a student with an asthma inhaler if:
  - (1) the school district has received a written authorization each school year from the pupil's parent permitting the student to self-administer the medication;
  - (2) the inhaler is properly labeled for that student; and
  - (3) the parent has not requested school personnel to administer the medication to the student.

In a school that does not have a school nurse or school nursing services, the student's parent or guardian must submit written verification from the prescribing professional which documents that an assessment of the student's knowledge and skills to safely possess and use an asthma inhaler in a school setting has been completed.

If the school district employs a school nurse or provides school nursing services under another arrangement, the school nurse or other appropriate party must assess the student's knowledge and skills to safely possess and use an asthma inhaler in a school setting and enter into the student's school health record a plan to implement safe possession and use of asthma inhalers.

- j. epinephrine delivery systems, consistent with Minnesota Statutes, section 121A.2205, if the parent and prescribing medical professional annually inform the pupil's school in writing that
  - (1) the pupil may possess the epinephrine or
  - (2) the pupil is unable to possess the epinephrine and requires immediate access to epinephrine delivery systems that the parent provides properly labeled to the school for the pupil as needed.
- k. For the purposes of Minnesota Statutes, 121A.22, special health treatments and health functions, such as catheterization, tracheostomy suctioning, and gastrostomy feedings, do not constitute administration of drugs or medicine.

- I. Emergency health procedures, including emergency administration of drugs and medicine are not subject to this policy.

B. Prescription Medication

1. An "Administering Prescription Medications" form must be completed annually (once per school year) and/or when a change in the prescription or requirements for administration occurs. Prescription medication as used in this policy does not include any form of medical cannabis as defined in Minnesota Statutes, section 152.22, subdivision 6.
2. Prescription medication must come to school in the original container labeled for the student by a pharmacist in accordance with law and must be administered in a manner consistent with the instructions on the label.
3. The school nurse may request to receive further information about the prescription, if needed, prior to administration of the substance.
4. Prescription medications are not to be carried by the student, but will be left with the appropriate school district personnel. Exceptions to this requirement are: prescription asthma medications self-administered with an inhaler (See Paragraph III.A.3(i) above), and medications administered as noted in a written agreement between the school district and the parent or as specified in an IEP (individualized education program), Section 504 plan, or IHP (individual health plan).
5. The school must be notified immediately by the parent or student 18 years old or older in writing of any change in the student's prescription medication administration. A new medical authorization or container label with new pharmacy instructions shall be required immediately as well.
6. The school nurse, or other designated person, shall be responsible for the filing of the Administering Prescription Medications form in the health records section of the student file. The school nurse, or other designated person, shall be responsible for providing a copy of such form to the principal and to other personnel designated to administer the medication.
7. For drugs or medicine used by children with a disability, administration may be as provided in the IEP, Section 504 plan or IHP.
8. If the administration of a drug or medication described in this section requires the school district to store the drug or medication, the parent or legal guardian must inform the school if the drug or medication is a controlled substance. For a drug or medication that is not a controlled substance, the request must include a provision designating the school district as an authorized entity to transport the drug or medication for the purpose of destruction if any unused drug or medication remains in the possession of school personnel. For a drug or medication that is a controlled substance, the request must specify that the parent or legal guardian is required to retrieve the drug or controlled substance when requested by the school.

C. Nonprescription Medication

A secondary student may possess and use nonprescription pain relief in a manner consistent with the labeling, if the school district has received written authorization from

the student's parent or guardian permitting the student to self-administer the medication. The parent or guardian must submit written authorization for the student to self-administer the medication each school year. The school district may revoke a student's privilege to possess and use nonprescription pain relievers if the school district determines that the student is abusing the privilege. This provision does not apply to the possession or use of any drug or product containing ephedrine or pseudoephedrine as its sole active ingredient or as one of its active ingredients. Except as stated in this paragraph, only prescription medications are governed by this policy.

D. Possession and Use of Epinephrine Delivery Systems

1. Definitions

- a. "Administer" means the direct application of an epinephrine delivery system to the body of an individual.
- b. "Epinephrine delivery system" means a medication product approved by the United States Food and Drug Administration that automatically delivers a single, premeasured dose of epinephrine to prevent or treat a life-threatening allergic reaction.
- c. "School" means a public school under Minnesota Statutes, section 120A.22, subdivision 4, or a nonpublic school, excluding a home school, under section 120A.22, subdivision 4, that is subject to the federal Americans with Disabilities Act.

2. At the start of each school year or at the time a student enrolls in school, whichever is first, a student's parent, school staff, including those responsible for student health care, and the prescribing medical professional must develop and implement an individualized written health plan for a student who is prescribed epinephrine delivery systems that enables the student to:

- a possess epinephrine delivery systems ; or
- b if the parent and prescribing medical professional determine the student is unable to possess the epinephrine, have immediate access to epinephrine delivery systems in close proximity to the student at all times during the instructional day.

For the purposes of this policy, "instructional day" is defined as eight hours for each student contact day.

The plan must designate the school staff responsible for implementing the student's health plan, including recognizing anaphylaxis and administering epinephrine delivery systems when required, consistent with state law. This health plan may be included in a student's Section 504 plan.

Districts and schools may obtain and possess epinephrine delivery systems to be maintained and administered by school personnel, including a licensed nurse, to a student or other individual if, in good faith, it is determined that person is experiencing anaphylaxis regardless of whether the student or other individual has a prescription for an epinephrine delivery system. The administration of an epinephrine delivery system in accordance with Minnesota Statutes, section 121A.2207 is not the practice of medicine.

Registered nurses may administer epinephrine delivery systems in a school setting according to a condition-specific protocol as authorized under Minnesota Statutes, section 148.235, subdivision 8. Notwithstanding any limitation in Minnesota Statutes, sections 148.171 to 148.285, licensed practical nurses may administer epinephrine delivery systems in a school setting according to a condition-specific protocol that does not reference a specific patient and that specifies the circumstances under which the epinephrine delivery system is to be administered, when caring for a patient whose condition falls within the protocol.

A district or school may enter into arrangements with manufacturers of epinephrine delivery systems to obtain epinephrine delivery systems at fair-market, free, or reduced prices. A third party, other than a manufacturer or supplier, may pay for a school's supply of epinephrine delivery systems.

The Commissioner of the Minnesota Department of Health must provide a district or school with a standing order for distribution of epinephrine delivery systems under Minnesota Statutes, sections 148.235, subdivision 8 and 151.37, subdivision 2.

E. Sunscreen

A student may possess and apply a topical sunscreen product during the school day while on school property or at a school-sponsored event without a prescription, physician's note, or other documentation from a licensed health care professional. School personnel are not required to provide sunscreen or assist students in applying sunscreen.

F. Procedure regarding unclaimed drugs or medications.

1. The school district has adopted the following procedure for the collection and transport of any unclaimed or abandoned prescription drugs or medications remaining in the possession of school personnel in accordance with this policy. Before the transportation of any prescription drug or medication under this policy, the school district shall make a reasonable attempt to return the unused prescription drug or medication to the student's parent or legal guardian. Transportation of unclaimed or unused prescription drugs or medications will occur at least annually, but may occur more frequently at the discretion of the school district.
2. If the unclaimed or abandoned prescription drug is not a controlled substance as defined under Minnesota Statutes, section 152.01, subdivision 4, or is an over-the-counter medication, the school district will either designate an individual who shall be responsible for transporting the drug or medication to a designated drop-off box or collection site or request that a law enforcement agency transport the drug or medication to a drop-off box or collection site on behalf of the school district.
3. If the unclaimed or abandoned prescription drug is a controlled substance as defined in Minnesota Statutes, section 152.01, subdivision 4, the school district or school personnel is prohibited from transporting the prescription drug to a drop-off box or collection site for prescription drugs identified under this paragraph. The school district must request that a law enforcement agency transport the prescription drug or medication to a collection bin that complies with Drug Enforcement Agency regulations, or if a site is not available, under the agency's procedure for transporting drugs.

#### **IV. ACCESS TO SPACE FOR MENTAL HEALTH CARE THROUGH TELEHEALTH**

- A. Beginning October 1, 2024, to the extent space is available, the school district must provide an enrolled secondary school student with access during regular school hours, and to the extent staff is available, before or after the school day on days when students receive instruction at school, to space at the school site that a student may use to receive mental health care through telehealth from a student's licensed mental health provider. A secondary school must develop a plan with procedures to receive requests for access to the space.
- B. The space must provide a student privacy to receive mental health care.
- C. A student may use a school-issued device to receive mental health care through telehealth if such use is consistent with the district or school policy governing acceptable use of the school-issued device.
- D. A school may require a student requesting access to space under this section to submit to the school a signed and dated consent from the student's parent or guardian, or from the student if the student is age 16 or older, authorizing the student's licensed mental health provider to release information from the student's health record that is requested by the school to confirm the student is currently receiving mental health care from the provider. Such a consent is valid for the school year in which it is submitted.

**Legal References:** Minn. Stat. § 13.32 (Educational Data)  
Minn. Stat. § 121A.21 (School Health Services)  
Minn. Stat. § 121A.216 (Access to Space for Mental Health Care through Telehealth)  
Minn. Stat. § 121A.22 (Administration of Drugs and Medicine)  
Minn. Stat. § 121A.2205 (Possession and Use of Epinephrine Delivery systems; Model Policy)  
Minn. Stat. § 121A.2207 (Life-Threatening Allergies in Schools; Stock Supply of Epinephrine Delivery systems)  
Minn. Stat. § 121A.221 (Possession and Use of Asthma Inhalers by Asthmatic Students)  
Minn. Stat. § 121A.222 (Possession and Use of Nonprescription Pain Relievers by Secondary Students)  
Minn. Stat. § 121A.223 (Possession and Use of Sunscreen)  
Minn. Stat. § 148.171 (Definitions; Title)  
Minn. Stat. § 151.212 (Label of Prescription Drug Containers)  
Minn. Stat. § 152.01 (Definitions)  
Minn. Stat. § 152.22 (Definitions)  
Minn. Stat. § 152.23 (Limitations)  
Minn. Rule 8710.6100 (School Nurse)  
20 U.S.C. § 1400 *et seq.* (Individuals with Disabilities Education Act)  
29 U.S.C. § 794 *et seq.* (Rehabilitation Act of 1973, § 504)

**Cross References:** MSBA/MASA Model Policy 418 (Drug-Free Workplace/Drug-Free School)

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## MEDICATION ADMINISTRATION PROTOCOL

Worthington Independent School District 518

Safe Medication Administration is a Top Priority:

### A. Safety Rules

- a. The primary responsibility of medication/treatment (from here-on known as medication administration) lies with the student's parent or guardian. If a medication can be administered at home - this is always the best choice.
- b. Never leave medications unattended. Always lock up medication every time you leave the health office or medication storage area.
- c. ISD #518 "Consent for Medication Administration" form(s) must be completed before any medication administration can begin. Prescription medications **ALWAYS require the signature of a licensed prescriber** along with parent/guardians written permission before the student is administered the medication.
  - i. Examples of prescription medication include: antibiotics, inhalers, insulin, some pain medications, some cough medications, some medications for migraine headaches, medication for nebulizer treatments, etc. If you are not sure if a medication requires a prescription, consult with the school nurse, pharmacist, or a drug reference book.
- d. Medication that can be purchased without a physician's prescription (Over-the-Counter) may be administered to students with parental permission. A physician's signature may be requested at the discretion of the licensed school nurse.
- e. Medications in which the FDA (Food and Drug Administration) has not established safe and effective dosing parameters for children 18 & under will not be administered in the school (i.e. vitamins, herbal remedies, oils, or homeopathic remedies).
- f. Parents/Guardians will be required to meet with the school nurse before narcotic medications prescribed for pain or cough will be administered to students.
- g. School personnel may refuse to administer ANY medication if the medication procedure is not followed or if there is any question about the medication or its administration procedure. An attempt may be made to contact the parent or guardian if the medication is not administered. The school nurse may request to receive further information about the prescription, if needed, prior to administration of any substance.
  - i. Reasons may include: dose exceeds manufacturer's recommendation, expired date, medication is not in a properly labeled container, medication label cannot be read by health office staff (foreign language), etc.

- h. Medication must arrive to the health office in the original manufacturer's unopened container (over-the-counter medications), or in a properly labeled pharmacy container (prescription medications). Pharmacy labeled containers must include the following:
  - i. The student's name
  - ii. The pharmacy name, address, and phone number
  - iii. The name of the medication and the dosage
  - iv. The physician's name
  - v. The date the prescription was filled
 Medication that arrives in a white envelope, plastic bag, etc. will not be accepted. School health personnel will not administer any medication that does not appear to be in its original container.
- i. The parent or guardian must pick up all unused controlled substance and/or psychotropic medication - these will not be sent home with the student. All medication not picked up within one week of the last day of school will be destroyed by school personnel unless otherwise specified.
- j. ISD #518 **Consent for Medication Administration** forms are needed:
  - \*Annually or at the start of any new medication;
  - \*When there is a change in medication (i.e., dose, time, medication, etc.)
- k. Medications may be discontinued or put on hold by either parent/guardian or physician at any time. The school health office must be (verbally or in writing) notified by parent or doctor when a medication is discontinued or held and documented.
- l. Controlled substance & psychotropic medications must be counted when received into the health office. Students will not be allowed to self-carry & self-administer controlled substance &/or psychotropic medications.
- m. The Registered nurse may take a verbal/phone medication authorization from a licensed prescriber for prescription medication or from a parent for over-the-counter medications as long as the verbal authorization is followed by with a written consent the next school day. Fax transmissions with confidentiality safeguards in place are acceptable. Unlicensed personnel should not take verbal/phone orders from physicians, licensed prescribers, or parents.
- n. Prescription medications are not to be carried by the student, but will be left with the school health office. Exceptions to this requirement are those circumstances in which current MN Statues specify that students may carry and self-administer medication in the school, and medication administered as noted in a written agreement between the school district and the parent or as specified in an IEP (individualized education plan), Section 504 plan, or IHP (individual health plan)



### Set Up Procedure:

- A. To insure safety always double check the label on the medication bottle, and the physician's order &/or the parent's permission form when setting up and administering medications to students.
  - a. Daily Oral Medications
    - i. Once weekly, set-up student's medications using the student's pill minder in the student's individual medication bin. Be sure to fill only one student pill minder at a time. Avoid medication/hand contact and fill the pill minder directly from the prescription bottle.
  - b. As Needed Medication or PRN's
    - i. Over-the -Counter medications are to be kept in their original container until administered to the student. The container should be new and unopened when brought to the health office. Label the medication container with the student's name and grade or date of birth. Families who have more than one student in the same school building may provide one container of OTC medication/family. The manufacturers recommended dose requirements, as printed on the label, will be followed when administering OTC medications to students. If the parent requests a dose that exceeds the manufacturers recommended dose, a physician's signature will be required before the dose will be administered.
  - c. Other Medication
    - i. Insulin: A student's insulin will be kept with their diabetic testing supplies in the health office unless other arrangements have been made in advance with the school nurse in cooperation with the parent, student, & school district. Refer to the student's Individual Health Plan, IEP, 504 plan &/or and medication consent form regarding insulin set-up and administration. Proper disposal for sharps related to the needs of the diabetic will be available.
    - ii. Nebulized Medication: Nebulized medications and equipment will be kept in the health office. Students who require nebulized treatments during the school day will have the treatments in the health office unless other arrangements are made in advance with the school nurse in cooperation with the parent and teacher.
    - iii. Inhalers and Epi-pens: If requested by the parent and deemed appropriate according to MN Statutes, students who require the use of inhaled medications and/or Epi-pens (emergency medications for severe allergic reactions) may carry their own medications on their person as long as the following requirements are met: 1.) completed **Consent for Medication Administration** form with written parental and physician permission, renewed

yearly, 2.) proper labeling, 3.) an assessment by the school nurse to insure that the student possesses the proper knowledge and skills to safely carry and use the medication appropriately.

#### Administration and Documentation of Medication Administration:

##### A. Administration

- a. No one is allowed to administer medications unless they have been trained in medication administration and delegated this task by the Registered Nurse. Training should be done on an annual basis.
- b. Have the student get a cup of water, if appropriate.
- c. Ask the student to state their name and their teacher's name or some other statement of identity (i.e. birthdate), a picture of the student may be placed with the student's medication log or near their medication bin if helpful for student identification. Once the student is correctly identified, the medication may be administered.
- d. The school health personnel should always be the one to handle the medication container, not the student. Put the medication directly into the student's hand from the pill minder. Administer the medication from the student's pill minder and not from the student's medication bottle.
- e. Ensure that the student has swallowed the medication.

##### B. Documentation

- a. Document the medication administration on the student's individual medication log after each administration.
- b. If a student's medication was missed, document why, i.e. absent, ill, called - did not show, refused, etc. Contact the parent and complete an injury/incident report form if a medication was administered incorrectly (i.e., wrong time, wrong dose, wrong med, wrong student, etc).
- c. Acceptable timetable for the administration of regularly scheduled medications is 30 minutes before or after the prescribed time for life sustaining medications, i.e. seizure and diabetic medications, and 30 minutes before or 45 minutes after for life altering medications, i.e. focused attention medications and antibiotics. Late students should be called to the health office. If lateness becomes a frequent problem, consult with the licensed school nurse, case manager, and/or teacher regarding a solution. If a medication is given outside the allotted time, document the time that the medication was administered, notify the parent or guardian, and complete an injury/incident report form.
- d. In the event of a field trip or other out-of-school event, the Registered nurse may designate a staff member to administer the medication to the student. After proper training in medication administration procedures by the Registered nurse the designee may administer the medication.

- e. The "Five Rights" of medication will be followed at all times; right student, right medication, right time, right dosage, and right documentation.

When to Notify the School Nurse:

- A. Any time there is a new prescription medication, or any change in a current medication, i.e. the medication itself, dosage, time, prescriber, or discontinuation of a medication.
- B. Any time there is an adverse reaction to a medication or a question regarding a medication or its administration (complete incident/injury report form).
- C. Any time there is a medication error, including errors of omission (complete incident/injury report form).
- D. Any time an "as needed" or prn pain medication is taken more than two times in one week for two weeks or more, or other unusual patterns.
- E. When the controlled substance count is not correct (complete incident/injury report form).

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