



# Long Valley Charter School

*A Non-Profit Public Benefit Corporation*

## **Administration of Medications and Health Emergencies Policy**

Approved by: LVCS Board of Directors

Adopted: 3/9/2023

Policy #:5013

The Board of Directors of Long Valley Charter School (“LVCS” or “Charter School”), a California nonprofit public benefit corporation operating two individual public charter schools, adopts this Administration of Medications and Emergencies Policy.

### **I. Administration of Medications**

The following policy regarding the administration of medications is applicable when the staff of Long Valley Charter School (LVCS) is responsible for the administration of, or assisting in the administration of, medication to students attending school during regular school hours, including before- or after-school programs, field trips, extracurricular and co-curricular activities, and camps or other activities that typically involve at least one overnight stay away from home, because administration of medication is absolutely necessary during school hours and the student cannot self-administer or another family member cannot administer the medication at school.

#### **Requirements for Administration or Assistance**

Before LVCS will allow a student to carry and self-administer prescription auto-injectable epinephrine, or inhaled asthma medication, or have authorized School personnel administer medications or otherwise assist a student in administering his or her medication, LVCS must receive the following:

- The LVCS Permission to Administer Medication at School Form (Appendix A) filled out by the student’s authorized health care provider specifying the medication the student is to take, the dosage, and the period of time during which the medication is to be taken and a statement that the medications must be taken during regular school hours, as well as detailing the method, amount and time schedule by which the medication is to be taken.
- A written statement by the student’s parent or guardian, as indicated on the LVCS Permission to Administer Medication at School Form, which authorizes school personnel to administer the medication as ordered by the health care provider. This statement also provides express permission for LVCS to communicate directly with the authorized health care provider, as may be necessary, regarding the authorized health care provider’s written order.
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In the cases of self-administration of asthma medication or prescription auto-injectable epinephrine, LVCS must receive a confirmation from the authorized health care provider, via the LVCS Permission to Self-Administer Medication at School Form (Appendix B), that the student is able to self-carry and self-administer the medication and a written statement from the parent/guardian consenting to the student’s self-administration and releasing LVCS and its personnel from civil liability if the self-administering student suffers any adverse reaction by self-administering his/her medication. Education Code §§ 49423, 49423.1.

New statements by the parent/guardian and the authorized health care provider shall be required annually and whenever there is a change in the student’s authorized health care provider, or a change in the

medication, dosage, method by which the medication is required to be taken or date(s), or time(s) the medication is required to be taken. If there is not a current written statement by the student's parent or guardian and authorized health care provider, LVCS may not administer or assist in administration of medication. LVCS will provide each parent with a reminder at the beginning of each school year that they are required to provide the proper written statements.

Parent(s)/guardian(s) of students requiring administration of medication or assistance with administration of medication shall personally deliver (or, if age appropriate, have the student deliver) the medication for administration to the Site Administrator, Educational Specialist or authorized School personnel.

### **Responses to the Parent/Guardian upon Request**

LVCS shall provide a response to the parent/guardian within 10 business days of receiving the request for administration and the physician statement regarding which School employees, if any, will administer medication to the student, and what the employees of LVCS will do to administer the medication to the student or otherwise assist the student in the administration of the medication.

### **Termination of Consent**

Parent(s)/guardian(s) of students who have previously provided consent for LVCS to administer medication or assist a student with the administration of medication may terminate consent by providing LVCS with a signed written withdrawal of consent on a form obtained from the office of the LVCS Executive Director.

### **Authorized Personnel**

A designated School employee who is legally able to and has consented to administer or assist in administering the medication to students will administer the medication or otherwise assist the students.

### **Storage of Medication**

Medication for administration to students shall be maintained in a locked cabinet by school personnel. It shall be clearly marked for easy identification. If the medication requires refrigeration, the medication shall be stored in a refrigerator in a locked office, which may only be accessed by the LVCS authorized personnel. If the stored medication is unused, discontinued or outdated, the medication shall be returned to the student's parent/guardian where possible. If not possible, LVCS will dispose of the medication by the end of the school year in accordance with applicable law.

### **Confidentiality**

School personnel with knowledge of the medical needs of students shall maintain the students' confidentiality. Any discussions with parents/guardians and/or authorized health care providers shall take place in an area that ensures student confidentiality. All medication records or other documentation relating to a student's medication needs shall be maintained in a location where access is restricted to the LVCS Executive Director, Site Administrator or designated School employees.

### **Medication Record**

LVCS shall maintain a medication record for each student that is allowed to carry and self-administer medication and for each student to whom medication is administered or other assistance is provided in the administration of medication.

The medication record shall contain the following:

1) The authorized health care provider's written statement; 2) The written statement of the parent/guardian; 3) A medication log (see below); 4) Any other written documentation related to the administration of the medication to the student or otherwise assisting the pupil in the administration of the medication.

The Medication Administration Log (Appendix 3) shall contain the following information:

1) Student's name; 2) Name of the medication the student is required to take; 3) Dose of medication; 4) Method by which the pupil is required to take the medication; 5) Time the medication is to be taken during the regular school day; 6) Date(s) on which the student is required to take the medication; 7) Authorized health care provider's name and contact information; and 8) A space for daily recording of medication administration to the student or otherwise assisting the student, such as date, time, amount, and signature of the individual administering the medication or otherwise assisting in administration of the medication.

### **Deviation from Authorized Health Care Provider's Written Statement**

If a material or significant deviation from the authorized health care provider's written statement is discovered, notification as quickly as possible shall be made as follows: 1) If discovery is made by a licensed health care professional, notification of the deviation shall be in accordance with applicable standards of professional practice; 2) If discovery is made by an individual other than a licensed health care professional, notification shall be given to the LVCS Executive Director, the student's parent/guardian, any School employees that are licensed health care professionals and the student's authorized health care provider.

## **II. Health Emergencies**

### **A. First Aid and CPR**

All teachers are certified cardiopulmonary resuscitation (CPR) and use of an automated external defibrillator (AED) and are re-certified every two years. Every school site has an AED and First Aid Kit containing appropriate supplies. First aid will be administered whenever necessary by trained staff members. When necessary, the appropriate emergency personnel will be called to assist.

### **B. Resuscitation Orders**

School employees are trained and expected to respond to emergency situations without discrimination. If any student needs resuscitation, trained staff shall make every effort to resuscitate him/her. The School does not accept or follow any parental or medical "do not resuscitate" orders, School staff should not be placed in the position of determining whether such orders should be followed. The School Director, or his/her designee, shall ensure that all parents/guardians are informed of this policy.

### **C. Emergency Contact Information**

For the protection of a student's health and welfare, LVCS shall require the parent/guardian(s) of all students to keep current with LVCS emergency information including the home address and telephone number, business address and telephone number of the parent/guardian(s), and the name, address and telephone number of a relative or friend who is authorized to care for the student in any emergency situation if the parent/guardian cannot be reached.

### **D. Emergency Aid to Students with Anaphylactic Reaction**

The School will provide emergency epinephrine auto-injectors to trained School personnel and those trained personnel may use those epinephrine auto-injectors to provide emergency medical aid to persons

suffering from an anaphylactic reaction. The training provided to School personnel shall be in compliance with the requirements of Education Code § 49414 and any regulations promulgated in line therewith.

Trained School personnel may immediately administer an epinephrine auto-injector to a person suffering, or reasonably believed to be suffering, from an anaphylaxis reaction at School or a School related activity when a physician is not immediately available.

For purposes of this policy, “anaphylaxis” means a potentially life-threatening hypersensitivity to a substance. Symptoms of anaphylaxis may include shortness of breath, wheezing, difficulty breathing, difficulty talking or swallowing, hives, itching, swelling, shock or asthma. Causes of anaphylaxis may include, but are not limited to, an insect sting, food allergy, drug reaction and exercise.

**E. Emergency Medication for Opioid Overdose**

The school will provide emergency naloxone hydrochloride or another opioid antagonist to trained School personnel for the purpose of providing emergency medical aid to persons suffering, or reasonably believed to be suffering from an opioid overdose. The training provided to School personnel shall be in compliance with the requirements of Education Code § 49414.3 and any regulations promulgated in line therewith.

Trained School personnel may administer the Opioid Antagonist to a person exhibiting potentially life-threatening symptoms of an opioid overdose at school or a school activity when a physician is not immediately available. If the Opioid Antagonist is used, it shall be restocked as soon as reasonably possible, but no later than two weeks after it is used. The School’s supply of Opioid Antagonist shall be restocked before its expiration date.

If School personnel administers an Opioid Antagonist to a student, the School will call emergency services (9-1-1) and will contact the student’s parent/guardian.

The Executive Director is responsible for developing procedures to implement this policy.



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## PERMISSION TO ADMINISTER MEDICATION AT SCHOOL

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

### TO BE COMPLETED BY AUTHORIZED HEALTH CARE PROVIDER

Diagnosis or purpose for medication during the school day: \_\_\_\_\_

Name of medication	Dosage	Schedule
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Length of time medication is to be taken? \_\_\_\_\_

Possible side effects or special instructions: \_\_\_\_\_

It is my judgement that the above medication must be scheduled during school hours and the taking of such medication may be given by school personnel as instructed. I understand that school personnel may consult with me regarding the administration of this medication if parent consent is given.

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Printed Name

\_\_\_\_\_  
Phone Number

### PARENT/GUARDIAN REQUEST AND AUTHORIZATION

For the 20\_\_-20\_\_ school year, I request Long Valley Charter personnel to administer the above referenced medication to my child. I give permission for school personnel to communicate with the above health care provider on matters related to this medication.

I acknowledge that I have an obligation to report and obtain a new authorization form if the student's medication, dosage, frequency of administration, health care provider or reason for administration changes during the school year.

I understand that the school must receive the medication in a container with the pharmacy label that indicates the name of the student, health care provider's name, medication, dose and frequency. I understand the medication must be delivered to the school by the parent/guardian or adult designee and that it is my responsibility to pick up the medication no later than the last day of school.

I recognize that the school is not legally required to administer medication. I hereby release and hold harmless Long Valley Charter School, its officers, and employees from any and all civil liability if my child suffers any adverse reaction as the result of administering the medication as instructed above.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/ Guardian Printed Name

\_\_\_\_\_  
Phone Number

## PROCEDURES FOR ADMINISTRATION OF MEDICATION

1. The physician or licensed health care provider must complete the Health Care Provider section.
2. Parent/Guardian must complete the Parent/Guardian Consent section of this form.
3. Once completed, the Parent/Guardian will meet with the Site Administrator to verify the details and receive the medication.
4. The Site Administrator will then communicate the information about the administration of the medication with personnel responsible.
5. Medication will be stored in a secure location.
6. In the case of a school field trip, the Site Administrator will make arrangements for offsite administration if during the time of scheduled doses.
7. Only the parent/guardian or other adult designee may drop off and pick up the medication. If the medication is not picked up on the last day of school, the medication is to be discarded.



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## PARENT/GUARDIAN CONSENT FOR SELF-ADMINISTRATION OF MEDICATION CONSENT TO RELEASE MEDICAL INFORMATION AND RELEASE OF LIABILITY

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

For the 20\_\_-20\_\_ school year, I hereby consent to allow my child to carry and self-administer the following medication during the regular school day or while at school related activities:

Inhaled asthma medication     Auto-injectable epinephrine

I acknowledge that I have an obligation to report and obtain a new consent form if the student's medication, dosage, frequency of administration, or reason for administration changes during the school year. I understand that my child is subject to disciplinary action if the medication is used in a manner other than prescribed.

I give permission to Long Valley Charter School personnel to exchange information with the student's physician regarding the self-administration of the above-mentioned medication if questions or concerns arise.

I hereby release and hold harmless Long Valley Charter School, its officers, and employees from any and all civil liability if my child suffers any adverse reaction as the result of self-administering the medication.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/ Guardian Printed Name

\_\_\_\_\_  
Phone Number

### PHYSICIAN STATEMENT SUPPORTING SELF-ADMINISTRATION OF MEDICATION

This is to confirm that \_\_\_\_\_ is able to self-administer the following auto-injectable epinephrine or inhaled asthma medication without assistance:

\_\_\_\_\_  
Name of medication

\_\_\_\_\_  
Method of self-administration

\_\_\_\_\_  
Dosage

\_\_\_\_\_  
Schedule

Side effects or special instructions:

I understand that if parent consent is given, school personnel may contact me to discuss the student's self-administration of this medication if question or concerns arise.

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Printed Name

\_\_\_\_\_  
Phone Number

## PROCEDURES FOR SELF-ADMINISTRATION CONSENT

1. The physician or licensed health care provider must complete the Physician Statement section.
2. Parent/Guardian must complete the Parent/Guardian Consent section of this form.
3. Once completed, the Parent/Guardian will meet with the Site Administrator to verify the details. The Site Administrator will then communicate the information about permission for self-administration with the student's teachers and other personnel responsible for student supervision.



