

Gibbsboro School
Gibbsboro, New Jersey

Policy on Self-Medication by Students

In accordance with Chapter 308 of the Laws of the state of New Jersey, the Gibbsboro Board of Education hereby adopts the following policy regarding self-administration of medications by students.

Self-administration of medications applies only to those medications needed for life-threatening illnesses or situations. Life-threatening is defined as a situation whereby loss of life could occur if medication were not given immediately. (i.e. asthma inhalers, epinephrine for allergic reactions)

During regular school hours when a certified school nurse is available, students will continue to receive their medications from the school nurse. These emergency medications will continue to be kept in the school nurse's office.

During school activities when a certified school nurse is not available (i.e. after school sports or class trips) or in the absence of the school nurse or a qualified substitute, a student may self-administer life-threatening medications if the following conditions have been met:

1. Physician's written prescription for the medication and authorization for the student to self-administer are on file in the nurse's office.
2. Authorization from the physician must state that the student has been trained and is proficient in self-administration of the prescribed medication.
3. Parents or guardians written authorization for the student to self-administer prescribed emergency medication is on file in the nurse's office.
4. Student must demonstrate proficiency in self-administration of prescribed medication to the school nurse. Improper use of the medication will result in loss of self-medication privileges and parent/guardian will be notified.
5. Said medication will be kept in the possession of the student or a designated responsible school employee (i.e. coach or teacher) and the student will be allowed ready access to the medication.

The student will report self-medication use to the school nurse as soon as the school nurse is next available (i.e. when returning to school after a class trip or the next school day [TS1] for after school sports programs.)

Adopted: 8-15-95

Medication must be furnished to the school nurse in the properly labeled pharmacy container.

Additionally, in service for teachers and staff will be provided to cover the following:

1. Introduction to the new law regarding self administration of medications.
2. Description of possible self administration situations.
3. Description of procedures surrounding self administration.
4. Importance of student reporting to the school nurse following self administration as soon as possible.
5. If a student is incapacitated, the student remains where he/she is and runner is sent for the nurse. If the nurse is unavailable, Emergency Medical Services should be activated.
6. In the event of a bee sting allergy, Emergency Medical Services is automatically activated following self administration of emergency medications (i.e. epinephrine.)

A confidential list of students who have permission to self administer medications and their instructions shall be made available to staff.

GIBBSBORO SCHOOL
Gibbsboro, New Jersey 08026
856-783-1140

**PARENT/GUARDIAN WRITTEN AUTHORIZATION FOR STUDENTS SELF
ADMINISTRATION OF EMERGENCY MEDICATION**

I verify that my child _____ has a
potentially life-threatening illness or condition. The nature of this illness/condition is

(Life-threatening is defined as a situation whereby loss of life could occur if medication were not
given immediately.)

I authorize Gibbsboro School to allow my child to self-administer the following medication in a
life-threatening situation:

This medication has been prescribed by your physician and my child has been properly trained and is
proficient in self-administration of this medication.

I acknowledge that Gibbsboro School district, its employees or agents shall incur no liability as a
result of injury arising from the self-administration of medication by my child. I agree to indemnify
and hold harmless Gibbsboro School district, its employees and agents against any claim arising
out of the self-administration of medication by my child.

I further authorize the sharing of this medical information with pertinent school staff as necessary
to maintain student well-being and safety.

This authorization applies only to this current school year. I have the right to choose whether or
not to furnish a new authorization for each future school year.

Signature of Parents/Guardians

Date _____

GIBBSBORO SCHOOL
Gibbsboro, New Jersey 08026
856-783-1140

**PERMISSION FORM FOR SELF ADMINISTRATION OF EMERGENCY MEDICATION
IN LIFE-THREATENING SITUATION AT SCHOOL**

DOCTOR'S ORDER

Life threatening is defined as a situation whereby loss of life could occur if medication were not given immediately.

Student Name _____ Grade _____

Diagnosis _____

Name of Medication _____

Dosage and Frequency _____

Side Effects _____

Situation requiring self administration (please check):

Outdoor Activity _____

Phys. Ed.: Indoor _____ Outdoor _____

Lunch/Recess _____

Field Trip _____ After School Sports _____

Besting medication/treatment:

Use immediately when stung - Yes _____ No _____

Use only if the following symptoms occur:

Asthma: Indication requiring immediate use: _____

I verify that the abovenamed student has the life threatening condition listed above and is required to take the above medication.

I further verify that the abovenamed student has been adequately trained and is capable of self administering the abovenamed medication in a life-threatening situation.

I understand that this authorization is only good for the current school year. Reauthorization for future years as requested by my patient's parent/guardians must be accompanied by a new certification by me.

The abovenamed student has permission to carry the medication him/herself within the guidelines of the Gibbsboro School policies. Yes _____ No _____

Doctor's Name _____ Phone# _____

Doctor's Signature _____

Date _____

Adopted: 8-15-95

