Omaha Public Schools District – Health Services
Medication Policy

The policy of the Omaha Public Schools District, Health Services is to administer all medications or allow a student to take any medication, only when there is a written order from a health care provider (prescriber) including: Doctor of Medicine (MD), Doctor of Osteopathic Medicine (DO), Doctor of Dental Surgery (DDS) or Doctor of Medicine in Dentistry (DMD), Advanced Practice Registered Nurse (APRN), or Physician Assistant (PA). No unauthorized medication (including Tylenol®, cough drops, cough syrups, antibiotics, etc.) shall be administered by the school nurse or other school personnel. No personnel of the Omaha Public Schools District will prescribe medication at any time. This policy is in accordance with the Medication Aide Act of Nebraska.

The following procedure will be adhered to when a student must take medication, which has been prescribed by a duly licensed prescriber (see above) during the hours the student is in school:

Required Documentation:
✓ The school nurse will have a written statement from a duly licensed prescriber and written permission of the parent/guardians. The prescriber’s statement must denote:
  o Student’s name
  o Medication name
  o Medication dose
  o Medication route
  o The time medication is to be dispensed
  o Any special instructions for administering medication
✓ Medication ordered on any student’s emergency plans for school, such as Asthma Allergy Action Plan, Provider Orders for Type 1 Diabetic, and/or Seizure Action Plan count as written prescriber orders as long as these are signed by a duly licensed prescriber. Written parent/guardian permission for these medications are specific to the medication ordered on the emergency plan, and would require additionally written parent/guardian permission for other medications to be dispensed at school that are not designated on this emergency plans.
✓ The label on the prescribed medication container is to include:
  o Licensed prescriber’s name
  o Student’s name
  o Medication name
  o Medication dose
  o Medication route
  o The time medication is to be dispensed
  o Any special instructions for administering medication
✓ Over-the-Counter medications are to be brought in the manufacturer’s labeled container.
✓ Medication orders are good for the school year they are written (including any summer school following the regular school year)
✓ Medication orders must be renewed every school year, unless they are written on/after March 1st of any school year. In these instances – the medication order will be good for the school year in which it was written AND for the following school year.
✓ Expired medication will not be accepted and/or dispensed by the school nurse or designated trained staff.
Transportation of Medication to/from School:

- The medication is to be brought to school by the parent/guardian or a designated adult and given to school personnel.
- In secondary schools (grades 7th – 12th), medications that are NOT controlled substances may be brought to school by the student providing there is written parent/guardian permission and the prescriber’s orders are on file in the health office.
- If an over-the-counter (OTC) medication is prescribed – the parent/guardian is to bring this to school in the manufacturer’s labeled container (for example: Tylenol® could be brought to school in the manufacturer’s Tylenol bottle).
- The school nurse and/or other designated school staff will not dispense medication in the following instances:
  - any medication without written prescriber orders and/or written parent/guardian permission,
  - any controlled medication transported to school by a student,
  - medication transported to school by elementary students,
  - medication transported to school by a secondary student without parent/guardian permission,
  - medication brought to school in an unlabeled container, baggie or containers other than the original pharmacy and/or manufacturer’s labeled container.

In these situations, the school nurse and/or designated trained staff will hold the medication in a secured, locked location. The school nurse and/or building administrator will hold a follow-up discussion with parent/guardian and review the medication policy in order to provide safe, legal and proper medication administration – including how medication is to be transported to/from the school.

Storage of Medication at School:

- All medication will be stored in the original pharmacy and/or manufacturer’s labeled containers in such a manner as to render them safe and effective (for example: medication needing refrigeration will be stored accordingly).
- Locked storage for medication is required in all schools for routine and non-emergency ‘as needed’ medication.
- Emergency and individual (student) rescue medications are stored in a secure area which is not locked.

Medication Administration:

- Medication will be dispensed to students by the school nurse and/or designated trained staff, after the school nurse has checked in the medication and prepared a Medication Log and/or a Medication Count Log (used for controlled substances) for documenting medication administration and/or medication counts.
- Students are not allowed to obtain and administer medications, such as inhalers, without the school nurse and/or designated trained staff’s assistance.
- Students may self-medicated prescribed medication, such as inhalers, if they have the following:
  - There is a prescriber’s order which states when a student may carry and/or self-administer medication. The order needs to specify the medication to be taken, the amount, the time and/or frequency of the medication,
  - There is written authorization form the student’s parent/guardian for the student to self-medicate
  - The school nurse determines the student is able to identify and select the appropriate medication, knows the frequency and purpose of the medication as ordered, adheres to the prescriber’s order, and complies with medication safety school rules.
OMAHA PUBLIC SCHOOLS  
HEALTH SERVICES  
MEDICATIONS PERMISSION  

Dear Parent/Guardian:

Only those medications that are medically necessary during school hours for a student’s attendance should be sent to school. Omaha Public Schools requires physician/dentist/APRN/PA’s written order and parent written permission (this includes all over-the-counter medications including Tylenol®, cough drops, cough syrup, etc.). The very first dose of a medication for a current condition/illness may not be given at school without specific authorization from the prescriber.

Send the medication to school in the original container with the current prescription label attached. Upon request, your pharmacist may label two containers, one for home and one for school. All elementary medications and all controlled medications, regardless of students grade, are to be brought to school by an adult, and the adult is to hand school personnel.

_________________________________________ School Nurse  
_________________________________________ School  
_________________________________________ Phone

Please sign your authorization for school personnel to administer the medication. Thank you.

I hereby authorize school personnel to administer the medication listed below to my child,  
_________________________________________ during school hours.  

_________________________________________ Child’s Name  

_________________________________________ Parent/Guardian Signature  

_________________________________________ Date

FOR SECONDARY STUDENTS ONLY (GRADES 7-12) —

I give permission for my child, ___________________________________________ Child’s Name, to bring his/her medication(s) home at the end of the school year.

_________________________________________ Parent/Guardian Signature  

_________________________________________ Date

__________________________________________________________________________  
ORDERS FOR GIVING MEDICATION IN SCHOOL

Name of student: ___________________________________________ Date of Birth: _____ / _____ / _____

Diagnosis: ___________________________________________  

Name of medication: ___________________________________________  

Dose: ___________________________________________  

Time and circumstance of administration at school: ___________________________________________  

Can a reaction be expected? ______ If so, please describe ___________________________________________  

_________________________________________ Health Care Provider Signature  

_________________________________________ Phone Number  

_________________________________________ Date of Order  

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