



## L'Anse Area Schools Health Office Policy and Procedures For Over-The-Counter (OTC) Medication Administration at School

### Policy:

The L'Anse Area School's Health Office RN will assess students and treat with OTC medications. All medication will be distributed **only** with parental consent and per standing orders under the direction of the medical director.

Effective Date: 09/02/2015

Revised Date: 8/08/2017

Approved by: Sharon Gilliland, MD

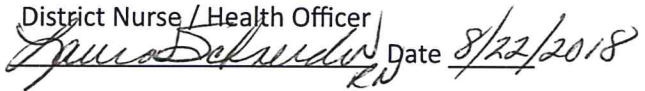
Laura Schneider, ADN, RN

Medical Director

District Nurse / Health Officer



Date 8-22-2018



Date 8/22/2018

Procedure: Upon the student's arrival to the Health Office, consent for services and/or OTC medication is verified PRIOR to student being treated.

1. Student has consent on file.
  - i. Student is examined by RN on staff.
  - ii. Student is treated per standing orders and policy.
2. Student does not have consent on file.
  - i. Student is examined by RN on staff.
  - ii. Student is triaged by RN on staff.
    1. Non Emergent: (Sore throat, runny nose, stomach ache, headache, rash, etc)
      - a. RN will treat student with means other than OTC medication (ice pack, rest time, food or drink)
      - b. Student is given a consent form to be completed by the parent/guardian.
      - c. Student does not receive OTC medication at this visit unless:
        - i. Student requires emergency treatment (allergic reaction).
        - ii. RN is able to receive a ONE time temporary phone consent from the parent/guardian valid for this visit only.
          1. If one time phone consent has already been utilized, student will not receive OTC medication unless emergent.
      - d. Parent or guardian will be responsible for ensuring that the completed consent is returned to the school Health Office.
      - e. Student will be instructed that RN cannot administer ANY medication without written consent from a parent or guardian unless it is emergency treatment.
    2. Emergent, Life Threatening: Determined by RN or trained staff if RN not available, that student requires immediate life sustaining treatment. (Anaphylaxis, respiratory arrest, etc)
      - a. Student will be treated per appropriate policy.
      - b. Parent or guardian will be notified as soon as possible.



L'Anse Area Schools Health Office  
Over-The-Counter (OTC) Medication Consent Form

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Known Allergies: \_\_\_\_\_

Over the counter medications may be administered to your student **ONLY** by our licensed Registered Nurse for conditions prescribed by our medical advisor in our standing medical orders.

**Note: Please read the policy and procedure on the district website.**

**OVER THE COUNTER MEDICATIONS:**

**Please indicate with a check mark each OTC that may be administered.**

- Ibuprofen/Motrin: (1) 200 mg tablet every 4-6 hours as needed for headache, fever, and/or pain. (Given if student weighs more than 44 pounds)
- Acetaminophen/Tylenol: 325 mg tablet every 4-6 hours. Dosage according to the product label for student's weight for headache, fever, and/or pain.
- Junior Strength Chewable Tylenol - 160 mg tablet: Dosage according to the product label for student's weight for headache, fever, and/or pain.
- Junior Strength Chewable Ibuprofen - 100 mg tablet: Dosage according to the product label for student's weight for headache, fever, and/or pain.
- Diphenhydramine/Benadryl: (1-2) 25 mg tablets (age based dosing) every 4-6 hours as needed for allergic reaction.
- Diphenhydramine/Benadryl Liquid: Dosage according to the product label for the student's weight for allergic reaction.
- Antacid/Tums/Roloids: (1-2) tablets every 2-3 hours for upset stomach.
- Cough Drop: (1) drop every 2-3 hours as needed for cough/sore throat.

**By signing below, you are giving the L'Anse Area School 's Health Officer permission to administer the medications checked above as required and agree that all known allergies are listed above. You are also acknowledging that you will not hold L'Anse Area Schools or its staff responsible for any claims arising out of the implementation of the Health Office's Standing Medical Orders and/or treatment procedures for your student.**

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

\_\_\_\_\_  
Date