



Health Services
MEDICAL FORM FOR ADMINISTRATION AND SELF
ADMINISTRATION OF MEDICATION

Name of student \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

TO BE COMPLETED BY PHYSICIAN

MEDICATION

Reason for medication \_\_\_\_\_

Name of Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Route \_\_\_\_\_ Time \_\_\_\_\_ [ ] For Episodic / Emergency Events ONLY

Student competent to self-administer Medication? YES \_\_\_\_\_ NO \_\_\_\_\_

Allergies \_\_\_\_\_

Special Instructions \_\_\_\_\_

Health Care Provider Name (Print) \_\_\_\_\_

Health Care Provider Signature \_\_\_\_\_

Health Care Provider Signature \_\_\_\_\_

Date \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

TO BE COMPLETED BY PARENT

I hereby give consent for my child to be assisted in taking the medication described above at school. I also authorize, as needed, the sharing of information related to my child's health between the school nurse (or designee) and the health care provider listed above. I will comply with the policy that accompanies this form related to dispensing medication at school. I also give consent for a photo of my child to be taken and used as a secondary form of identification for medication administration.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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

TO BE COMPLETED BY SCHOOL PERSONNEL

Date Medication Received \_\_\_\_\_ Signature \_\_\_\_\_

Parent to sign in medication. [ ] Enter in ASPEN. [ ] Fax to Health Services [ ]

Add to Procedures if needed. [ ] Print MAR [ ]

This form is only good for the current school year

Section J:

# Knox County Board of Education

**Students**

Descriptor Term:

**Medication**

Descriptor Code:

**J-352**

Issued:

**7/95**

Reviewed:

**11/21**

Revised:

**1/22**

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2 Students who are required to take medication(s) during school hours must comply with the regulations  
3 established by the Tennessee Department of Health and Education. Over the counter medications are  
4 included in these regulations. The regulations are as follows:  
5

- 6 1. Knox County Schools has the final decision-making authority with respect to the administration  
7 of and/or to reject requests for administering medications.  
8
- 9 2. Written orders must be provided by a licensed health care provider. The order must include, student  
10 name, prescription number, name of the drug, dosage, frequency, route, and time administered,  
11 potential side effects, discontinuation date, and method of storage.  
12
- 13 3. Medications administered at school should be limited to those required during school hours  
14 which are necessary to maintain the student's health and those needed in the event of an  
15 emergency.  
16
- 17 4. Each medication requires a separate Medication Administration Form, signed by the prescribing  
18 health care provider and parent/guardian. The Medication Administration Form must be renewed  
19 yearly. Medication(s) changes during the school year require a new Medication Administration  
20 Form.  
21
- 22 5. Medication(s) must be brought to the school by an adult. Students may not carry medications of  
23 any kind on their person with the exception of asthma inhalers, Epi-Pens (anaphylaxis  
24 medications), pancreatic enzymes or insulin delivery systems with written permission from a  
25 parent and authorization by a medical health care provider. Failure to properly register medication  
26 shall lead to a presumption that any such medication is not lawfully in the possession of the student.  
27
- 28 6. Medications must be in appropriate containers, properly labeled by a licensed medical care  
29 provider or pharmacy. Over-the-counter (OTC) medication(s) prescribed for a student must be  
30 provided in its original unopened, labeled, unexpired container and identified student's written  
31 name.  
32
- 33 7. If included in the student's medical management plan and in the Individualized Health Plan (IHP),  
34 a student with diabetes shall be permitted to perform blood glucose checks, administer insulin,  
35 treat hypoglycemia and hyperglycemia, and otherwise attend to the care and management of the  
36 student's diabetes in any area of the school or school grounds and at any school-related activity,  
37 and shall be permitted to possess on the student's person at all times all necessary diabetes  
38 monitoring and treatment supplies, including sharps. Any sharps involved in diabetes care shall  
39 be stored in a secure but accessible location, including the student's person, until use of the sharps  
40 is appropriate. Use and disposal of sharps shall be in compliance with the guidelines set forth by  
41 the Tennessee Occupational and Safety and Health Administration (TOSHA).  
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8. Upon receiving, the quantity of medication must be confirmed and documented by the school nurse or designated school employee and parent/guardian. A secure/locked location must be provided for medication storage.
  9. All medications self-administered must contain the following documentation on the Medication Administration Record: time, date of administration, and signature of person administering. Medication records will be kept in the student's cumulative record when completed.
  10. Only a school nurse can make changes to the Medication Administration Record. A written authorization from the licensed prescriber and parent is required.
  11. School Nurses will monitor the administration, documentation, and storage of all medications on a regular basis. Only school nurses, trained school personnel, or a pictured-identified parent/guardian can administer medication(s) during school hours. A school nurse must train school personnel on medication administration yearly and as needed for reinforcement.
  12. The parent/guardian is responsible for picking up any unused medication at the end of the treatment, out-of-date medication, or at the end of the school year. The parent/guardian will be notified to pick-up the medication. After notification attempts, if not picked-up in 14 days, the medication shall be destroyed per Knox County Schools procedures.
  13. Medications must be destroyed by the school nurse or school administrator to include documentation and witnessed by at least one other school employee.
  14. In the event a dosage is not administered as ordered or any other medication error occurs, a Medication Error Form must be completed and submitted to the Health Services Supervisor. The school nurse and parent or legal guardian must be notified.
  15. If the medication is not time-critical (stat doses, one-time, loading doses, PRN medications) medications can be administered 30 minutes before or after the scheduled time.
  16. Any person assisting in self-administration shall not be liable in any court of law for injury resulting from the reasonable and prudent assistance in the self-administration of such medication, if performed pursuant to the policies and guidelines developed by the Tennessee Departments of Health and Education and approved by applicable regulatory or governing boards or agencies.

40 Legal References:

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1. T.C.A. § 49-50-1601.
  2. T.C.A. § 49-50-1602.
  3. Rule 0520-01-03 (5) (a) (b) (c) (d).
  4. Guidelines for Use of Health Care Professionals and Health Care Procedures in a School Setting.
  5. Institute for Safe Medication Practices.

46 Approved as to Legal Form  
47 By Knox County Law Director 11/17/2021  
48 /Gary T. Dupler/Deputy Law Director  
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