

## MEDICATION ADMINISTRATION

## Skills Checklist—Field Trips

Prioritize Short Term Solutions (choose one of the following):

1. Have parent accompany student on trip and give medications.
2. Train a school staff person who will be on the field trip.
3. Student carries medication and self-administers with parent/physician permission.\*
4. Student stays in school.

*If school staff members are to give the medication, the following training is necessary prior to the field trip: Please notify the school nurse at least 48 hours before the field trip so necessary preparations can be completed.*

A. Knows Policy on Medication	Initial Training	Re-Check
1. All medications (prescription and over-the-counter) need a licensed health professional (LHP) and parent signed request form before medications are given.		
2. Medications are to be in prescription bottle or original container.		
3. Medications are to be kept in secure/locked area, i.e., car trunk, school bus cargo space or fanny pack.		
4. Only designated and trained school staff may give medications.		
B. Knows Procedure		
1. Copy of parent/LHP request form to accompany medication.		
2. Familiarize self with information on order form.		
3. Check side effects and what to do if problems occur.		
4. Check label on bottle (same as on form). a) Name of student. b) Dosage. c) Time to give.		
5. Check to see if you have the correct number of pills in your bottle. Exception is the "bubble pack."		
C. Knows How to Administer Medication— Check:		
1. If right student (ask student his/her name)		
2. If right medication (name on bottle)		
3. If right time (to give medication)		
4. If student has already received medication		
5. Pour pill into paper cup or lid of pill bottle		
6. Offer student water or some liquid		
7. Watch student swallow pill		
8. Place lid on medicine bottle. Do not throw away empty medication container; return empty container to school.		
9. If pill is accidentally wasted or destroyed, have another adult witness and co-sign on medication record		
10. Record that you gave the medication on the log once you return to school.		
11. Any questions regarding medication, page school nurse or call/ask office secretary.		

\* The consents that are required would be those listed on district policy regarding self-administration of medication.

**My signature verifies that I understand the above information and agree to follow the guidelines as listed. If I have questions I will contact my school nurse.**

Staff Person/Trainee \_\_\_\_\_ Date \_\_\_\_\_

Name of Trainer \_\_\_\_\_ Date \_\_\_\_\_