

**TOOELE COUNTY SCHOOL DISTRICT  
HEALTH CARE PLAN  
COVER SHEET**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Other Emergency Contacts: #1) \_\_\_\_\_

Name Phone

#2) \_\_\_\_\_

Name Phone

**Is student in Resource or Special Ed?**       yes  no  
**Does student ride the bus?**                       yes  no Bus # \_\_\_\_\_

.....

Doctor's Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Medical Diagnosis: \_\_\_\_\_

- Student will carry/self administer medication
- School staff will store and administer medication
- No medication is required

Medication and/or medical supplies will be located at:

- |   |   |
|---|---|
| <input type="checkbox"/> Office         | <input type="checkbox"/> Teacher's desk     |
| <input type="checkbox"/> Student's desk | <input type="checkbox"/> Student's backpack |
| <input type="checkbox"/> Locker         | <input type="checkbox"/> Other _____        |

.....

I have read and approve student's healthcare plan.

\_\_\_\_\_  
Principal Date

\_\_\_\_\_  
School Nurse Date

\_\_\_\_\_  
Doctor/ Health Care Provider Date

\_\_\_\_\_  
Teacher/School Staff Date

\_\_\_\_\_  
Teacher/School Staff Date

\_\_\_\_\_  
Teacher/School Staff Date

**TOOELE COUNTY SCHOOL DISTRICT  
AUTHORIZATION TO ADMINISTER/CARRY MEDICATION AT SCHOOL  
HEALTH CARE PLAN APPROVAL**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*According to Utah Code 53A-11-602 and Tooele County School District Policy, medication is not allowed at school until the pertinent information is completed below (see back for Tooele County School District Policy).*

NAME OF MEDICATION	DOSAGE	ROUTE	TIME
1.			
2.			
3.			
4.			

- Allow student to carry medication(s) and self administer during the school day.**
- Have school staff store and/or administer medication(s).**
- No medication is required.**

I approve of my patient's/child's healthcare plan and prescribed medications as stated above.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

### ADMINISTERING MEDICATION:

Employees of the Tooele County School District may administer medication to a student during periods when the student is under the control of the school, subject to the following conditions:

1. The District has received a current written and signed request to administer the medication during regular school hours to the student from the parent, legal guardian, or other person having legal control of the student.
2. The student's physician, dentist, nurse practitioner or physician assistant has provided a signed statement describing the medication, method, amount and time schedule for administration and a statement that administration of medication by school employees during periods when the student is under the control of the school is necessary. In the event of a life-threatening emergency a designated school employee may administer prescribed medications to a student without a physician authorization if approved by the school nurse and parent.
3. Administering over-the-counter medications requires a prescribing practitioner statement as well as consent of the parent or guardian. Protocol for administering over-the-counter medications is the same as for administering prescription medications.
4. Oral, topical or inhalant medication may be administered by assigned school personnel. Medications requiring other routes of administration will not be given by school personnel except in emergency situations. In non-emergency situations, medications requiring other routes of administration must be given by a registered nurse.
5. All medication that is to be given at school must be furnished by the parent or guardian and delivered to school by a responsible adult.
6. All prescription medication must be in the original container labeled by the pharmacy with the name of the student, the name of the physician, the name of the medication, the amount to be given (dose) and the duration of the treatment. Over-the-counter drugs must be in the original bottle and labeled with the student's name.
7. All medication provided to the school is to be kept in a secure location under lock and key.
8. Insofar as possible, the Principal, in consultation with the local health department, shall assign one person the responsibility of administering student medication.
9. A record, including the type of medication, amount, the time of day it was administered, must be kept for each student receiving medication at school. The person administering the medication must sign the record each time medication is given.
10. Elementary and middle school students shall not carry or self-administer medication on school premises unless it is expressly ordered by the student's physician because of life threatening circumstances.
11. Authorization for administration of medication by school personnel may be withdrawn by the school at any time following actual notice to the student's parent or guardian.
12. In no circumstance shall a student give another student his or her prescribed or over-the-counter medications while at school or during a school activity.

*Utah Code Ann. 53A-11-601*

### AUTHORIZED EMPLOYEES

The Principal, in consultation with the Superintendent, shall consult with the local Department of Health and other health professionals to determine:

1. Designation of employees who may administer medication.
2. Proper identification and safekeeping of medications.
3. Training of designated employees.
4. Maintenance of records of administration.

*Utah Code Ann. 53A-11-601(1)(a)*

### CIVIL LIABILITY IMMUNITY

School personnel shall substantially comply with the physician's or prescribing practitioner's written statement in order to take full advantage of the immunity from liability granted under Utah Code Ann. 53A-11-601(3).

*Utah Code Ann. 53A-11-601(1)*