



Guidelines for administration of  
student medication  
April 2024

## Acknowledgements

The following people contributed to the creation of these guidelines:

- Elizabeth (BettySue) Hinkson, MSN, RN-BC, NCSN – Utah Department of Health and Human Services
- Kendra Muir, MHL, RN – Utah State Board of Education
- Utah school nurse leaders

## Contents

Guidelines for administration of student medication	4
Legal considerations .....	4
School nurse responsibility .....	6
Parent responsibility .....	6
School responsibility .....	6
School administrator responsibility .....	7
School board responsibility.....	7
Coordination and oversight of unlicensed staff – responsibility of nursing.....	8
Training of unlicensed assistive personnel.....	8
Individualized healthcare plans (IHP) and emergency action plans (EAP) .....	8
Complementary or alternative medications.....	9
Off-label and research medications.....	10
Who can prescribe medication in Utah? .....	10
Standing orders.....	10
School prescriptions.....	10
Student self-administration of medication .....	15
Storage .....	15
Transportation of medications to and from school .....	16
Disposal of unused medication .....	16
6 rights of medication administration .....	16
Medication errors .....	17
Students who forget to take their medication .....	17
Documentation .....	18
Definitions	19
References	21

## Guidelines for administration of student medication

The administration of medication to a student while he or she is at school should be a rare occurrence. However, there are circumstances that require medication to be given during school hours. Each request for medication should be evaluated individually by the school nurse and school authorities. Utah statute UCA 53G-9-501 requires local education agencies (LEA) to adopt policies for:

- Designation of volunteer employees who may administer medication.
- Proper identification and safekeeping of medication.
- The training of designated volunteer employees by the school nurse.
- Maintenance of records of administration.
- Notification to the school nurse of medication that will be administered to students once:
  - A student's parent or guardian has provided a current written and signed request.
  - Documentation has been sent to the school from the student's healthcare provider that the medication has been prescribed and is medically necessary when the student is under the control of the school.

The Utah Department of Health and Human Services (DHHS) recommends the following guidelines: an authorization of student medication form, or similar LEA approved form, should be completed and signed before medication can be administered. This authorization must be updated each year or as needed when there is a change in a doctor's order for a student's medication. This form should include:

- A signature from the parent requesting medication be administered during regular school hours to their student.
- A signature from the student's licensed healthcare provider that they have prescribed the medication including documentation as to the method, amount, and time schedule for administration.
- A statement from the licensed healthcare provider that administration of medication is medically necessary during periods when the student is under the control of the school.

### Legal considerations

School districts are best protected from liability when policies and procedures are established with input from school nursing professionals, district administrators, and

parents. Special issues to address include self-administration of medications, administration of medication at school-sponsored events and field trips, over the counter (OTC) medications, and alternative medications.

Policies regarding the administration and storage of medication should be clearly defined and designed to protect the child, the staff administering the medication, the nurse responsible for delegation of that responsibility, the school, and the local school district regardless of whether the medication is administered at school during the school day, after school at school-sponsored activities, or off-site events. These policies and procedures should be clearly and regularly communicated to students, their parents, school staff, and community healthcare providers.

According to Utah laws, school personnel who provide assistance in medication administration are not liable, civilly or criminally, for any adverse reaction suffered by the student as a result of taking the medication. Statements on immunity from liability are included in the [medication law](#), [stock epinephrine auto-injector and stock albuterol laws](#), [glucagon law](#), [seizure rescue medication law](#), and [adrenal insufficiency law](#).

If a student requires medication to access a free and appropriate public education (FAPE) under federal and state disability laws, then the administration of such medication is an appropriate “related” or support service as defined by federal law. The service should be incorporated into the student’s IEP or Section 504 accommodation plan. State law and regulation, and local district policies define how medication should be administered to students for whom this is a related service and for students whose needs for medication may be for a temporary condition.

Schools must allow the safe administration of medication to students under strict guidelines. This not only keeps students safe, but protects the school and school staff from potential liability. In settings where the school nurse is not always on campus, the nurse may delegate the task of medication administration to a school staff member who has been trained and delegated to administer medications. Delegation is defined as the ability of the nurse to transfer the responsibility of a nursing task to an unlicensed person while the nurse continues to be accountable for the outcomes (American Nurses Association [ANA] 2012).

## School nurse responsibility

A school nurse must be licensed as a registered nurse by the Utah State Board of Nursing. The school nurse should be responsible for overseeing medication administration in schools to make sure medications are administered safely. These responsibilities should include:

- Consulting with LEA administration or the school board in the development or revision of medication administration policies.
- Developing and maintaining a record-keeping system for getting parent consent and healthcare provider orders, receiving, and counting medications, administering medication, training unlicensed assistive personnel, documenting medication errors, and disposal of medication not retrieved by parent.
- Develop and conduct training of unlicensed assistive personnel who are to be trained to administer medications when appropriate. The school nurse is responsible for training and determining the competency of the unlicensed assistive personnel. The school nurse is also responsible for ongoing supervision of these individuals in the task of medication administration.
- Evaluate a student's ability to carry and self-administer emergency medication.
- Develop a procedure for administering medication on a field trip.

## Parent responsibility

It is the responsibility of the parent to:

- Give the first dose of a new medication at home, including a dosage change.
- Provide the school with medication in the original container, transported to the school by a responsible adult.
- Provide the written medication authorization form with any new medication, or when the dosage changes.
- Inform the school nurse of any changes in the student's health status.

## School responsibility

A daily medication administration log shall be kept for each student receiving medication. Each dose of medicine given must be charted by indicating the date, time given, and the signature or initials of the person giving the medication. The medication shall be accepted only in a container that is labeled by a pharmacy or manufacturer. The label must include the name of the medication, route of administration, the time of

administration, and the physician's name. Over-the-counter medication should come in the originally manufactured container, have legible administration and dosage instructions, and not be expired.

A parent or other responsible adult shall bring the medication to the school and take home any leftovers at the end of the school year. The medication should be counted by the adult and the school person receiving the medication, and the number recorded on the medication administration log (or other LEA-approved form) along with the names of those who counted the medication.

### School administrator responsibility

School district superintendents and school principals are responsible for making sure the policies and procedures outlined in their district's medication administration policy are being implemented effectively. School administrators assist in coordinating and determining which medication administration tasks will be performed by which school personnel, but the school nurse must have the final say on whether the school personnel is competent to perform the duty. If the school nurse determines that they are not competent, they cannot delegate that task to that individual (R156-31b-701a).

It is essential that the school health staff (the school nurse or other trained unlicensed assistive personnel in the absence of a nurse), are qualified to perform the tasks outlined in their district's medication policy. School administrators work with the school nurse to coordinate regular training for unlicensed assistive personnel. School administrators also assist the school nurse in educating parents or guardians about the district's policy for medication administration.

### School board responsibility

UCA 53G-9-502 requires all local school boards, charter school governing boards, or private equivalent to adopt policies for

- The designation of volunteer employees who may administer medication.;
- Proper identification and safekeeping of medication.
- The training of designated volunteer employees by the school nurse.
- Maintenance of records of administration.
- Notification to the school nurse of medication as requested by parents.

## Coordination and oversight of unlicensed staff – responsibility of nursing

In Utah, registered nurses (RNs) can oversee medication administration of unlicensed assistive personnel as permitted in the Utah [Nurse Practice Act Rule](#). According to R-156-31b-701a (3-e), the registered nurse is the person to determine whether the unlicensed assistive personnel can safely provide the requisite care, and if not, the nurse cannot delegate the task. The school nurse retains accountability for appropriate delegation.

It is the responsibility of the school nurse to inform the school administrator if, in their opinion, the unlicensed assistive personnel delegated by the administrator is not competent to carry out the task of administering medication. The school nurse may not provide oversight or coordination of this task when the school nurse believes that the unlicensed assistive personnel is not competent to carry out this task.

## Training of unlicensed assistive personnel

According to the [Nurse Practice Act Rule](#) (2023) a registered nurse shall personally train any unlicensed assistive personnel who will be delegated the task of administering routine medication(s) (R156-31b-701b). Training must be done at least once a year. The delegation of a first dose of medication cannot be done, including any dosage changes (which will be treated as a first dose).

## Individualized healthcare plans (IHP) and emergency action plans (EAP)

The individualized healthcare plan (IHP) is required by professional standards of practice and uses the nursing process (assessment, diagnosis, planning, implementation, and evaluation) to determine a plan of action that meets the health care needs of a student during the school day. The registered nurse is the only school professional with the license and standard of practice who can develop the IHP. This may contain medication administration which is delegated to unlicensed assistive personnel. This plan provides written directions for school staff to follow in meeting the individual student's healthcare needs.

The emergency action plan (EAP) is also required by professional standards of practice and provides steps for school personnel in dealing with a life-threatening or seriously harmful health situation for an individual student. This plan is developed by the school nurse and may be a part of the IHP.

According to the Utah [Nurse Practice Act Rule](#) (2023) all delegated tasks, including medication administration should be identified within the student's current healthcare plan (R156-31b-701b). The healthcare plan can be a detailed IHP or a simplified EAP but should describe the conditions when medication should be administered to the student, whether routine or in an emergency.

### Complementary or alternative medications

Herbal medicine has its foundation in plants (also known as botanicals) and can be taken in several forms, including pills, powders, and essential oils. Although herbal remedies are considered "natural", they can cause side effects and may interact with other drugs being taken for other conditions.

Dietary supplements include vitamins and minerals and have a place in both conventional and complementary medicine. For example, a student with cystic fibrosis may need to take enzymes and vitamins with every meal. These should be addressed in the medication policies and would need to be treated as any other medication, requiring a licensed prescriber's order and parent or guardian permission.

The LEA must decide whether to develop policies that permit or prohibit the use of complementary or alternative medications within the school setting. If a policy permits the administration, they should be treated as any other medication requiring a licensed prescriber's order and parent or guardian permission.

As with any therapeutic intervention, when complementary or alternative medicines are requested to be administered, the first consideration is the health and safety of the student. When considering the administration of these substances in school, the following questions should be addressed:

- Does this substance need to be given during school hours?
- Is there documentation regarding the safety and efficacy of the substance?

- Has the parent or guardian provided written permission for the substance to be administered in school?
- Has a licensed prescriber written an order for this substance?

## Off-label and research medications

Off-label medications are U.S. Food and Drug Administration (FDA) approved medications prescribed for non-approved purposes. Research or investigational medications are substances undergoing formal study, and are currently involved in clinical trials, but don't have FDA approval. If a school district or school policy permits the administration of off-label and research medications, it must require a licensed prescriber's order and parent or guardian consent.

## Who can prescribe medication in Utah?

A licensed authorized prescribing professional is a physician (MD or DO), advanced practice registered nurse (APRN) with prescriptive authority, physician assistant (PA) who has direction from a physician or written protocol, naturopathic physician (NP), dentist, or a podiatrist. Those who are not permitted to prescribe medications in Utah are licensed practical nurses (LPN), registered nurses (RN), medical assistants (MA), nutritionists, psychologists, and chiropractors.

## Standing orders

Standing orders are medical orders written by the school's physician. These orders may authorize the administration of specific over-the-counter (OTC) medication such as acetaminophen or ibuprofen and emergency medications such as epinephrine to students according to a defined protocol.

Although parent or guardian approval (consent) is not needed for the administration of epinephrine during a life-threatening emergency, consent is required for the administration of all other OTC and prescription medications.

## School prescriptions

[House bill 475](#) passed during the 2024 Utah General Legislative Session amending specific sections of law effective August 1, 2024. The amendments expand the law to waive liability and allow certain healthcare providers to provide a prescription upon

request from certain school employees for epinephrine and albuterol. The Utah Department of Health and Human Services must issue standing prescription drug orders for epinephrine and albuterol if the school does not have a consulting physician.

## Specific medications laws

Utah has several laws that directly address emergency medications in schools. See those specific laws (listed below) for more detailed information.

### Asthma medications

[Utah Code 26B-4](#) addresses asthma medications, and requires public schools to permit a student to possess and self-administer asthma medication if:

- The parent or guardian signs a statement authorizing the student to self-administer the medication, and that the student is responsible for, and capable of, self-administering the asthma medication.
- The student's healthcare provider provides a written statement that it is medically appropriate for the student to self-administer and be in possession of the asthma medication at all times, and the name of the asthma medication authorized for the student's use.

The Utah DHHS has developed an [asthma action plan](#) that includes sections for both the healthcare provider and the required parent signatures. Students carrying asthma medication must have a completed medication authorization form submitted to the school.

### Epinephrine

[Utah Code 26B-4-406](#) (5-a) requires schools to have at least one epinephrine auto-injector (EAI) available. Section 407 (4-a) of this chapter requires schools to permit a student to possess an epinephrine auto-injector if:

- The parent or guardian signs a statement authorizing the student to possess and self-administer the epinephrine auto-injector, and that the student is responsible for and capable of possessing or possessing and self-administering an epinephrine auto-injector

- The student's healthcare provider provides a written statement that it is medically appropriate for the student to possess or possess and self-administer the epinephrine auto-injector at all times.

The Utah DHHS has developed an [allergy and anaphylaxis emergency action plan](#) that includes sections for both the healthcare provider and the parent required signatures. Students carrying an epinephrine auto-injector must have a completed medication authorization form submitted to the school. The emergency 911 number and parent or guardian should always be called if an epinephrine auto-injector is administered to the student.

#### Glucagon and other diabetes medications

Glucagon is a hormone to treat severe low blood glucose or hypoglycemia. It works to release glucose into the bloodstream to bring the blood glucose level back up.

Utah Code [53G-9-506](#) requires schools to permit a student to possess or possess and self-administer diabetes medication if:

- The parent or guardian signs a statement authorizing the student to possess or possess and self-administer diabetes medication, including glucagon, and that the student is responsible for and capable of possessing or possessing and self-administering the diabetes medication.
- The student's healthcare provider provides a written statement that it is medically appropriate for the student to possess or possess and self-administer the diabetes medication at all times, and the name of the diabetes medication(s) authorized for student's use.

The Utah DHHS and local diabetes physicians have developed a diabetes medication management order form that includes sections for both the healthcare provider and the parent required signatures. Students carrying diabetes medication must have a completed medication authorization form submitted to the school. The emergency 911 number and parent or guardian should always be called if glucagon is administered to the student.

## Seizure rescue medication

Utah Code [53G-9-505](#) requires schools to attempt to identify and train school employees who are willing to volunteer to receive training to administer seizure rescue medication to a student if:

- A prescribing healthcare provider has prescribed a seizure rescue medication to the student.
- The student's parent or guardian has previously administered the student's seizure rescue medication in a non medically-supervised setting without a complication.
- The student has previously ceased having a full body prolonged convulsive seizure activity as a result of receiving the seizure rescue medication.

The Utah DHHS and the local pediatric neurology physicians have developed a seizure medication management order that includes sections for both the healthcare provider and the parent required signatures. This form is required if seizure rescue medication is ordered for administration in the schools. The emergency 911 number and parent or guardian should always be called if any seizure rescue medication is administered to the student.

## Medical cannabis

Reasonable accommodations must be made for students who hold a medical cannabis card and require medical cannabis medication during the school day for the treatment of qualifying medical conditions (UCA. [26B-4-203](#)). Administration of medical cannabis during periods when the student is under the care of the school is subject to the following conditions:

- The student's parent has provided a current written and signed request that medication be administered to the student during regular school hours (UCA [53G-9-502](#)).
- Medical cannabis medication is recommended by a limited or qualified medical provider healthcare provider, as defined in Utah Code [26B-4-201.26](#) and [26B-4-201.47](#).
- The limited or qualified medical provider documents the method, amount, and time for administration and provides a statement that the administration of medication is medically necessary while at school.

- All other required medication processes are followed as described in UCA [53G-9-502](#).
- The student shall carry the medical cannabis (provisional) patient card on them at all times ([UCA. 26B-4-216](#)).
- The student's medical cannabis must be in the approved medicinal dosage form and the opaque bag or box-labeled container that the cardholder received from the medical cannabis pharmacy ([UCA. 26B-4-216](#)).
  - a. The medical cannabis label must include the name, address, and telephone number of the pharmacy as well as a unique identification number that the pharmacy assigns; the date of sale; the name of the student; the name of the medical provider; the amount dispensed, and cannabinoid content.
- The medical cannabis cardholder must carry and transport the medical cannabis device and medication at all times, including during school transportation and school activities ([UCA 4-41a-404-1](#)).

#### Medical cannabis administration

The limited or qualified medical provider should determine if the student needs help administering the medical cannabis treatment on their patient card.,.

- The parent, guardian, or designated caregiver must also have a medical cannabis guardian/caregiver card (with the student's name on it)
- The parent, guardian, or designated caregiver may purchase, possess, and transport a medical cannabis device and the medical cannabis in the medicinal dosage form for the student ([UCA 26B-4-213](#)).
  - Any adult who is 18 years or older and who is physically present with the student at the time he or she needs to use the recommended medical cannabis treatment may handle the medical cannabis treatment and any associated medical cannabis device as needed to assist the student in administering the recommended medical cannabis treatment.
  - An individual of any age who is physically present with the student in the event of an emergency medical condition may handle the medical cannabis treatment and any associated medical cannabis device as needed to assist the student in administering the recommended medical cannabis treatment.

## Adrenal insufficiency medication

[House bill 468](#) passed during the 2024 Utah General Legislative Session and enacted UCA 53G-9-507. Beginning July 1, 2024, a public-school employee may store and administer adrenal crisis rescue medication to a student with adrenal insufficiency under certain circumstances. Trained school staff who volunteer to administer the medication have certain protections under the law, must complete state-developed specific training, and demonstrate competency and skills learned to the school nurse or other trained licensed healthcare professional each year. The public school must retain written materials for reference that were created for the training program. A trained school employee, 18 years or older, may administer an adrenal crisis rescue medication to a student with an adrenal crisis rescue authorization when a student:

- Exhibits symptoms, described on the student's adrenal crisis rescue authorization, that warrant the administration of adrenal crisis rescue medication.
- A licensed healthcare professional is not immediately available.

## Student self-administration of medication

Students may be allowed to administer their own medications (excluding controlled substances), provided that self-administration is approved in writing by the prescribing healthcare provider, the parent or guardian, and the school or district policy. A completed authorization form must be submitted to the school if the student will be carrying asthma medication, epinephrine, diabetes medication, or if seizure rescue medication is to be administered at school.

## Storage

Medication must be stored in a secure refrigerator, drawer, or cabinet accessible only by those authorized to administer the medication. An exception to this would be asthma inhalers, epinephrine auto-injectors, and glucagon, which must be stored in an unlocked area so they are readily available in an emergency. Seizure rescue medication should be kept locked, but accessible.

## Transportation of medications to and from school

Each school district administrator and school principal should develop a written policy to make sure medication is transported safely and securely. Issues to address in this policy should include:

- Medications transported to school.
- Medications transported from school.
- Medication transportation for emergency evacuation during the school day.
- Medication transported during field trips.

## Disposal of unused medication

A parent or guardian should be informed that it is their responsibility to retrieve any unused medication if the student is withdrawn from the school, or at the end of the school year. The school should maintain a written policy to cover the following issues regarding those medications that are not retrieved.

- Written communication should be sent to the parent or guardian prior to the end of the school year with notification that unused medications must be picked up by a specified date. The same communication needs to occur for any student who withdraws during the school year.
- Any medications not picked up by the designated date should be disposed of by the school nurse in the presence of another school employee in a manner to prevent any possibility of further use of the medications. Environmental considerations should be kept in mind when disposing of unused medications.
- The school nurse and the school employee in charge of the disposal of unused medications should document the name of the medication and the amount disposed of along with the name of the student for which it was prescribed. Both individuals should sign the documentation.

## 6 rights of medication administration

The 6 rights of assisting with medication include the following:

- Right student
- Right medication
- Right dosage
- Right time
- Right route
- Right documentation

These should be triple checked every time medication is administered. This includes:

- First, when taking the medication out of the storage area.
- Second, prior to administering the medication to the student.
- Third, when returning the medication to the storage area.

## Medication errors

A medication incident or error report form should be used to report medication errors and must be filled out every time a medication error occurs. Routine errors include the following:

- Wrong student
- Wrong medication
- Wrong dosage
- Wrong time
- Wrong route

Medication errors do not include the following:

- Wasted medication (student refuses to take, unable to tolerate, medication falls to the floor)
- Lack of medication supply from parent
- Parent requests to “hold” the medication

All medication incident or error reports should be shared between the school nurse, the parent or guardian, and other appropriate school and healthcare personnel according to school policy.

The Utah Poison Control number is (800) 222-1222 and may need to be consulted for medication errors. Utah Poison Control is available 24 hours a day, 7 days a week.

## Students who forget to take their medication

Schools have a responsibility to administer ordered and authorized medication. They can fulfill their obligation to provide health-related services to all children under the Individuals with Disabilities Education Improvement Act (2004) and Section 504 of the Rehabilitation Act (1973) as amended through the Americans with Disabilities Amendment Act [ADAA] in 2008. A forgetful student must be sent for, or medication taken to their classroom. If a student forgets or refuses to come for medications, a conference with the parent, school counselor, nurse, and student should be arranged.

An IHP should be developed that includes strategies to help forgetful students remember to come to the designated location for their medication. Some students may need help with problem solving.

## Documentation

Documentation of medication given at school should be part of the school's written policy and practice for administering medications. Each dose of medication administered should be documented on a medication log (on paper or electronically). This log becomes a permanent health record for parents and healthcare providers and provides legal protection to those who assist with medications at school. It also helps make sure that students receive medications as prescribed and can help reduce medication errors.

Any hand-written error should be corrected by drawing a single line through the error, recording the correct information, then initialing and dating the corrected entry, as with any medical record.

The medication log should contain the following information:

- Student name
- Prescribed medication and dosage
- Schedule for medication administration
- Name(s) and signature(s), initial(s), or electronic identification of individual(s) authorized and trained to supervise administration of medications

## Definitions

**Administration:** the provision of prescribed medication to a student according to the orders of a healthcare provider, and as permitted by Utah law.

**Asthma inhaler:** a device for the delivery of prescribed asthma medication which is inhaled. It includes metered dose inhalers, dry powder inhalers, and nebulizers.

**Epinephrine auto injector:** a device to deliver the correct epinephrine dose as an injection and is used as a treatment for symptoms of an allergic reaction.

**Healthcare provider:** a medical health practitioner who has a current license in the state of Utah with a scope of practice that includes prescribing medication.

**Local education agency (LEA):** the school district, or charter school.

**Medication:** prescribed drugs and medical devices that are controlled by the U.S. Food and Drug Administration and are ordered by a healthcare provider. It includes over-the-counter medications prescribed through a standing order by the school physician or prescribed by the student's healthcare provider.

**Medication authorization form:** a form required before medication can be stored, administered, or carried by a student. This form can be the form designed by the Utah Department of Health and Human Services or a form created by the LEA.

**Medication error:** occurs when a medication is not administered as prescribed. This includes when the medication prescribed is not given to the correct student, at the correct time, in the dosage prescribed, by the correct route; or when the wrong medication is administered.

**Medication log:** a form that provides required documentation when medication is administered to a student. This form can be the form designed by the Utah Department of Health and Human Services or a form created by the LEA.

Parent: a natural or adoptive parent, a guardian, or person acting as a parent of a child with legal responsibility for the child's welfare.

School nurse: a registered professional nurse with a current nursing license who practices in a school setting.

Self-administration: when the student administers medication independently to themselves under indirect supervision of the school nurse.

Unlicensed assistive personnel: a school employee who does not have a professional license that allows them to administer medication.

## References

American Nurses Association, (2012). *Principles for delegation*. Retrieved from <https://www.nursingworld.org/~4af4f2/globalassets/docs/ana/ethics/principlesofdelegation.pdf>

Nurse Practice Act, UCA 58-31b (2023).

Nurse Practice Act Rule, UCA R156-31b (2023).