Medication Administration

Health Services
Mat-Su Borough School District
501 N. Gulkana
Palmer, AK 99645
P: (907) 746-9200

Print Form

Parental Request for Training Unlicensed School Staff with Authorization and Delegation to trained staff member to Administer Medication not delegable by school nurse.

Student: **Birthdate:** **Grade:**

Parent/Guardian: **Contact:**

Background: All students attending public schools must have access to health care during the school day and for school sponsored activities, if necessary, to enable the student to participate fully in the school program.

The Alaska Board of Nursing does not authorize registered nurses to delegate certain medications to unlicensed assistance personnel. Examples include but are not limited to: injectable medications, medications via gastrostomy tube and "as needed" controlled substances. However, parental delegation of these medications, when a school nurse is not available to administer them, is allowed in 12 AAC 44.975, Exclusions (2) under "other legal authority." In an Alaska Board of Nursing advisory opinion dated
4-2-12, the *Medication Administration in the School Setting Delegation Decision Tree* was adopted as a plan to allow parents to delegate to school staff with nurse involvement in training and follow up. The trained school staff must provide care for the student consistent with the Individualized Healthcare Plan (IHP) prepared by the nurse based on healthcare provider instructions and parent input.

Parent Request I, the parent/legal guardian of the above student, understand that in the absence of the school nurse, I may delegate the medication Administration to school staff who will be trained to administer the following medications;

☐ I hereby request that an appropriate staff person listed below be trained to assist with medication administration for my student.

☐ I would like to participate in the training.

☐ I do not need to be present for the training.

Name(s) of school staff authorized to be trained and to administer above listed mdeications to my child. (***Name(s) of Staff***)

1.______________________________2.______________________________3.__________________________

I agree to save, defend and hold harmless the Matanuska Susitna Borough School District, its employees, elected or appointed officials, from any liability or damages as a result of the above listed medication administration. I agree to notify the school nurse immediately of any changes in or discontinuance of the above listed medication. Permission is also given for the school nurse to contact the health care provider regarding this treatment.

Parent Signature	***Date***	***Home Phone***	***Cell Phone***