

MENTAL HEALTH PRN MED ADMIN

Goal: Staff will administer Mental Health PRN (per requested need) medication(s) appropriately in the school setting.

1. Trained staff to follow current Davis School District Authorization of School Personnel to Administer Medications form completed and signed by parent and doctor.
 - A. Section 6 of the Medication Authorization Form must list student's signs and symptoms seen by staff prior to administering medication.
2. The following medication has been ordered for the student:
 - A. _____
3. Brief description of medication: _____
4. The above medication should be administered PRN for the following signs and symptoms.
 - A. _____
 - B. _____
 - C. _____
5. Per medication order this medication can be given every _____ hours.
6. Prior to administering medication:
 - A. Notify parent of signs and symptoms the student is exhibiting.
 - B. Mom must give verbal permission prior to administering the medication.
 - C. A second staff must witness the student's signs and symptoms.
7. If student refuses medication, do not force him/her to take it.
 - A. Call parent to come to school to administer medication.
8. Document signs and symptoms seen and administration of medication on appropriate tracking form.
 - A. Second staff witnessing signs, symptoms and administration of the medication must also sign the medication tracking form.
9. Document any concerns or parent contacts made related to medication administration.
10. If this medication has been administered at school more than _____ times a month, notify the SPED Nursing Of