

PRIVACY ACT STATEMENT

The information is confidential and is never disclosed without written clearance and consent of the student's parent/guardian. The primary use of this information is to obtain authorization for school officials to administer prescribed and/or over-the-counter medication to students. Additional disclosures of this information may be made to other school officials in the conduct of their official duties. This information will be entered into the BIE, Native American Student Information System, Interior/BIA-22 (73 FR 40605), which can be obtained upon request from the Director, Bureau of Indian Education, 1849 C Street, N.W., MS-3064-MIB, Washington, DC 20240. No record contained therein may be disclosed by any means of communication to any person, or to another agency, except pursuant to a written request by, or with prior written consent of the individual to whom the records pertains.

Under the Privacy Act, BIE may not give out your information except that BIE may share the information with other school officials and/or programs that have a responsibility to facilitate medical attention to students. This can be done without your consent. For any other person or program wanting information from your case file, you must first give your written consent. You have the right to know what records exist on you and you can ask to see them. If you believe some information in on you is inaccurate, you may contact the Director, Bureau of Indian Education, to request a correction.

PAPER WORK REDUCTION ACT STATEMENT

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BUREAU OF INDIAN EDUCATION

AUTHORIZATION TO ADMINISTER PRESCRIBED/OVER-THE-COUNTER MEDICATION

INFORMATION AND PROCEDURES

1. No medication will be administered in school or during school-sponsored activities without the parent's/guardian's written authorization and a written physician or other licensed health care provider order. This includes both prescription and over-the-counter (OTC) medications. An exception will be made for students living at a boarding school or a dormitory and whose parent/guardian has granted permission for emergency care for the student.
2. The parent/guardian is responsible for completing Part I and obtaining the physician's statement on Part II. This is required every school year for each new or continuing order or if there is a change in dosage or time of administration during the school year. Information necessary includes: child's name, diagnosis, medication name, dosage, time of administration, duration of medication, side effects, physician signature, and date.
3. The medication must be delivered to the school by the parent/guardian or through acceptable mailing services and under special circumstances by an adult designated by the parent/guardian.
4. All prescription medication must be provided in an original container with the pharmacist's label attached. If applicable, a duplicate bottle may be requested so some of the medicine can be kept at home. Non-prescription OTC medication must be in the container with the manufacturer's original label so dosage information and expiration date are viewable.
5. The parent/guardian is responsible for collecting any unused portion of a medication within one week after expiration of the physician's order or at the end of the school year. Medication not claimed within that time period will be destroyed using approved disposal methods by the FDA or EPA (see BIE Medication Administration policy).
6. A physician's or other duly licensed provider's order and parental permission are necessary for self-carry/self-administered emergency medications such as inhalers for asthma and EpiPens or Auvi-Q for anaphylaxis, Insulin for diabetes, and Sumatriptan for migraines. It is imperative the student understands the necessity for reporting to the health staff or teacher that they have self-administered their inhaler or have self-administered an EpiPen, so emergency services can be sought. Students that self-carry/self-administer emergency medications will have an Individualized Health Plan so school nurse/school health assistant can communicate with school staff.
7. When applicable, pursuant to specifications on the medication authorization form, the school nurse or other licensed health care professional will assess the student to determine if it is appropriate to administer a particular OTC medication to a student, and to determine if the student's symptoms could be alleviated first without a medicine. A non-licensed provider will observe the student and report their observations to a nurse or other licensed health care provider.

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ATTACHMENT B

MEDICATION INCIDENT REPORT

NAME _____

LAST FIRST M.

HOME ADDRESS: _____ ZIP CODE _____

GRADE _____ BIRTHDATE: _____ MALE _____ FEMALE _____

TIME OF INCIDENT: _____ DATE OF INCIDENT: _____

TYPE OF INCIDENT:

Wrong dosage Wrong student Wrong medication Wrong time
Unable to locate student Wrong route Wrong documentation Missed Dose

Reported by:
NARRATIVE DESCRIPTION:

PARENT/GUARDIAN Notification YES[] NO[] By Whom	Date	Time
Comments:		

MD notification YES[] NO[] By Whom
Comments:

IF APPLICABLE Poison Control notified: 1-800-222-1222 YES[] NO[] Recommendations:

ACTIONS/OBSERVATIONS:

PLAN OF ACTION COMPLETED:

Signature: _____ Date: _____ Time: _____

Supervising Nurse: _____ Date: _____

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