Administering Medications to Students

The following policy and procedure (administrative rule) sample was created as part of the Developing a School Health Services Assessment Tool and Related Resources Project. This project is funded by Healthier Wisconsin Partnership Program, a component of the Advancing a Healthier Wisconsin endowment at the Medical College of Wisconsin.

The Administering Medications to Students sample policy and procedure has incorporated state and federal requirements along with best practice recommendations. Although it would be best practice to implement all the components of the policy and procedure in your school district, we are aware that district capacity, resources and other factors may result in adoption of portions of the sample policy and procedure.

We encourage you to meet as a team within your district to review the sample policy and procedure and identify what components of the policy and procedure you are currently doing in your district. If you have the capacity to expand upon what you are currently doing, review the sample policy and procedure to identify what other practices you would be able to implement.

Administering Medications to Students

Notes:

Administering Medications to Students

Definitions:

1. "**Administer**" means the direct application of a nonprescription drug product or prescription drug, whether by injection, ingestion or other means, to the human body.
2. "**Drug**" means any substance recognized as a drug in the official U.S. pharmacopoeia and national formulary or official homeopathic pharmacopoeia of the United States or any supplement to either of them.
3. "**Drug product**" means a specific drug or drugs in a specific dosage form and strength from a known source of manufacture.
4. "**Epinephrine auto-injector**" means a device used for the automatic injection of epinephrine into the human body.
5. "**Health care professional**" means a person licensed as an emergency medical technician under s. 256.15, a person certified as a first responder under s. 256.15 (8) or any person licensed, certified, permitted or registered under chs. 441 or 446 to 449.
6. “**Professional Nurse**” is a nurse who has a certificate of registration under s. 441.06 or who is licensed as a registered nurse in a party state, as defined in s. 441.50 (2) (j) who performs for compensation of any act in the observation or care of the ill, injured, or infirm, or for the maintenance of health or prevention of illness of others, that requires substantial nursing skill, knowledge, or training, or application of nursing principles based on biological, physical, and social sciences, herein referred to as the School Nurse.
7. "**High degree of negligence**" means criminal negligence, as defined in s. 939.25 (1).
8. "**Nonprescription drug product**" means any nonnarcotic drug product which may be sold without a prescription order and which is prepackaged for use by consumers and labeled in accordance with the requirements of state and federal law.
9. "**Practitioner**" means any physician, dentist, optometrist, physician assistant, advanced practice nurse prescriber, or podiatrist licensed in any state.
10. "**Prescription drug**" has the meaning specified in s. 450.01 (20).
11. “**Delegation**” is the process for a nurse to direct another person to perform nursing tasks and activities.

Policy
In all instances where prescription medication is to be administered under this policy, the practitioner prescribing the medication has the power to direct, supervise, decide, inspect, and oversee the administration of such medication.

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| *No prescription medication shall be given to a student by any employee of the District unless the following have been received in the school where the medication will be administered:* |

1. Written instructions from the prescribing practitioner for the administration of the prescribed medication. Such instructions shall be signed by the prescribing practitioner.
2. Written instructions should include:
* the name of the drug,
* the dose,
* approximate time it is to be taken,
* the diagnosis or reason the medication is needed,
* a list of adverse effects that may be reasonably expected,
* contraindications to administering the medication.
1. A written statement from the prescribing practitioner which identifies the specific conditions and circumstances under which contact should be made with him or her in relation to the condition or reactions of the student receiving the medications, and reflects a willingness on the part of the healthcare provider to accept direct communications from the person administering the medication.
2. A written statement from the parent/legal guardian authorizing school personnel to give medication whether the dosage is prescribed by the practitioner or an over-the counter medication and authorizing school personnel to contact the practitioner directly.
3. A written authorization form from a healthcare practitioner for an over-the-counter medication that is to be given daily for greater than 10 days.(2)
4. Written approval from the pupil’s practitioner for the administration of a nonprescription drug product in a dosage other than the recommended therapeutic dose.
5. Written approval from pupil’s practitioner is required for administration of any medication product that contains aspirin. (1)
6. Whenever possible, parents should hand-deliver prescribed and over-the-counter medication to the school office. The School Nurse or administrator reserves the right to require parents to bring medicine in as necessary. (A separate policy and procedure are required for the administration of stock over the counter medications).
7. Authorization for prescription and over the counter medication must be obtained annually and when changes occur. (Annual authorization for prescription and over the counter medications will be valid for students attending summer school).

## Administrative Rule:

School Responsibilities

1. School personnel authorized by the building principal or school administrator to administer medication to students shall be provided appropriate instruction approved by Wisconsin Department of Public Instruction (DPI) and will be supervised by the School Nurse. Determining which individuals should be responsible for medication administration will be the joint responsibility of the building administrator and the School Nurse.
2. No employee, except a health professional, will be required to administer any medication to a student by any means other than ingestion. However, the student’s parent or a trained and authorized staff person or volunteer must be available to administer medication that is injected (or other mode of delivery) in all academic environments, including field trips.
3. School personnel authorized by the building principal to administer medication to students shall see that the medication is given within 30 minutes before or after the time specified by parent and practitioner.
4. An accurate and confidential system, in accordance with FERPA and HIPAA regulations, of record keeping must be maintained each time a medication is dispensed.
	1. An individual Medication Record is to be established for each student which will include date, time, dosage, initials of individual dispensing medication, extension or disruption of medication, any changes, description of reactions experienced by the student or errors made in the administration of the medication. Medication and treatment sheets are part of the pupil’s record.
	2. The parent or guardian and school administrator must be notified of a problem or error in dispensing medication. The physician/nurse practitioner may also be notified if the situation warrants. A notation is to be made on the Medication Record if medication is not given, if an error is made in its administration, or if parents are notified of a problem.
	3. The School Nurse shall be notified of the error as soon as possible.
	4. The Medication/Treatment Request form and Medication Record form are to be filed in the pupil’s record.
5. If the medication to be given is other than oral, the person giving the medication shall be provided instruction by the physician or registered nurse and approved by DPI and demonstrate or provide evidence of appropriate learning. The School Nurse will perform an initial evaluation of the extent to which the medication may be delegated, with such delegation appropriately accepted by unlicensed or licensed school employees.
6. For controlled substances (see list below) school office personnel shall verify the amount of medication delivered by counting individual units of medication in the presence of either the adult who delivers it or another school personnel. The amount of medication shall be documented by school office personnel. School officials and/or adult delivering medication shall document verification of the medication count by initialing the medication administration form.
7. Controlled substances shall be counted and reconciled each month with verification by another school personnel. The amount of medication and initials of personnel who verified medication count shall be documented on medication administration form.
8. Approximately two weeks prior to the end of school parents will be notified in writing to pick up any remaining unused medication. The parent or guardian shall pick up unused portions of medications within five (5) business days after the completion of the school year or when medications have been discontinued. Medication/treatment supplies will be destroyed if they have not been picked up after five (5) business days after the completion of the school year. (see Medication Disposal Procedure).

Nursing Responsibilities

1. The School Nurse reviews medication orders upon receipt to evaluate if medication administration can safely be delegated.
2. The School Nurse assures that school staff designated to provide medication administration receive DPI approved knowledge training at least every 4 years (yearly is recommended) and perform a return demonstration of the medication administration procedure (skills training) to the RN to ensure competency at least yearly.
3. The School Nurse provides yearly knowledge and skill acquisition training for emergency medication administration such as epinephrine, glucagon, and rectal diazepam to the district’s designated school personnel before the start of each school year. Skill reinforcement is recommended to occur mid-school year and as needed, based on the RN’s judgment.
4. The School Nurse maintains documentation of all school staff who has received DPI approved medication administration training and have demonstrated competency through return demonstration. List of trained school staff should be updated at least annually.
5. The School Nurse reviews medication administration records at least monthly to ensure accurate medication administration procedures.
6. The School Nurse follows up on any identified medication errors, including parent notification (if it has not already occurred), physician notification if needed, and providing reinforcement of medication administration training and re-evaluation of competency of the person who was involved in the medication error (See Medication Error Procedure).
7. For students where a health care practitioner prescribed an albuterol inhaler for use by the student during school hours and has instructed the student in the correct and responsible way to use the medication(s), the School Nurse will assess whether an asthmatic pupil has the necessary self-management skills needed to possess and use a metered dose inhaler or dry powder inhaler.
8. For students where a health care practitioner prescribed an epinephrine auto-injector for use by the student during school hours and has instructed the student in the correct and responsible way to use the medication(s), the School Nurse will assess whether a student diagnosed with anaphylactic allergy has the necessary self-management skills needed to possess and use an epinephrine auto-injector.

Special Circumstances

Research Medication

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| Medication prescriptions for children that do not fall within the established United States Food and Drug Administration (FDA) guidelines for pediatric use and/or dosing may fall into two categories: off-label medication and experimental medications. • Off label medications are those FDA approved medications prescribed for non-approved indications in children. • Pediatric experimental or investigational drugs are those medications currently involved in clinical trials. These medications are undergoing formal study to determine the efficacy and safety of pediatric dosing, but they do not have FDA approval. |

Requests to administer research medication in school will be evaluated on an individual basis by the School Nurse. At minimum, the following materials will be required from the prescribing practitioner:

1. Information regarding the protocol or a study summary from the research organization
2. Signed parental permission
3. Reporting requirements
4. Any follow-up nursing actions to be taken

\*The School Nurse should ensure that they have enough information regarding the research medication to make an informed decision as to whether or not to administer the medication in the school setting. The School Nurse reserves the right to refuse to administer or delegate the medication administration if he/she feels it cannot safely be administered at school.

Alternative Medication

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| The National Center for Complementary and Alternative Medicine (NCCAM) defines Complementary and Alternative Medicine (CAM) as “group of diverse medical and health care systems, practices, and products that are not generally considered part of conventional medicine.” (NCCAM, 2011). Both nonprescription and prescription drugs must be recognized as drugs in the official U.S. Pharmacopoeia and national formulary or official Homeopathic Pharmacopoeia of the United States or any supplemental publication to these references. U.S. Pharmacopoeia (http://www.uspnf.com/uspnf/login)U. S. Homeopathic Pharmacopoeia(http://www.hpus.com/online\_database/register\_action.php) |

For the safety and protection of students, alternative medication will not be given in the school setting unless approved by the FDA or prescribed by a practitioner.(2) The following criteria must be met:

* An original container is provided.
* Use for student is indicated.
* Appropriate dosing for student is clearly stated on the label/packaging insert.
* Possible untoward effects are listed.
* Signed parent/guardian statement.
* Signed practitioner consent if non-FDA approved.

Controlled Substances

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| Pharmaceutical controlled substances are drugs that have a legitimate medical purpose, coupled with a potential for abuse and psychological and physical dependence. They include opiates, stimulants, depressants, hallucinogens, and anabolic steroids. The safe and effective use of controlled substances by students at school has increased dramatically because of their accepted use in treatment of illness and disability enabling many sick and disabled children to attend school. |

For controlled substances (see list below) school office personnel shall verify the amount of medication delivered by counting individual units of medication in the presence of either the adult who delivers it or another school personnel. The amount of medication shall be documented by school office personnel. School officials and/or adult delivering medication shall document verification of the medication count by initialing the medication administration form.

The controlled substance shall be counted and reconciled each month with verification by another school personnel. The amount of medication and initials of personnel who verified medication count shall be documented on medication administration form.

Controlled substances shall be stored in a locked container or drawer. Controlled substances and other drugs at risk for abuse or sale to others are not appropriate for self-carry by the student .(2,13)

Emergency Medication

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| Emergency situation means a situation in which a pupil reasonably believes that he or she is experiencing a severe allergic reaction, including anaphylaxis, that requires the administration of epinephrine to avoid severe injury or death.Epinephrine auto-injector means a device used for the automatic injection of epinephrine into the human body to prevent or treat a life-threatening allergic reaction. |

**Epinephrine:** School districts may develop a plan for the management of pupils attending school whom have a life threatening allergy.

* The plan must be approved by the school’s governing body.
* The plan must specify the training necessary to administer an epinephrine auto-injector.
* The plan must be approved by a physician.
* The plan must be posted on the school district’s website. If the district does not have a website, a copy of the plan is to be given to any person upon request.

Authorized staff (school bus driver, employee, or volunteer) may use an epinephrine auto−injector to administer epinephrine to any pupil who appears to be experiencing a severe allergic reaction if, as soon as practicable, the school bus operator, employee or volunteer reports the allergic reaction by dialing the telephone number “911” or, in an area in which the telephone number “911” is not available, the telephone number for an emergency medical service provider (See Staff Administration of Non-Student Specific Epinephrine Policy and Procedure)

**Glucagon:** Authorized staff (school bus driver, employee, or volunteer ) may administer glucagon to any pupil who they know is diabetic and who appears to be experiencing a severe low blood sugar event with altered consciousness if, as soon as practicable, the school bus operator, employee, or volunteer reports the event by dialing the telephone number “911” or, in an area in which the telephone number “911” is not available, the telephone number for an emergency medical service provider (see Staff Administration of Glucagon Policy and Procedure)

Field trips

In State Field Trips:

The following applies to any school sponsored activity, including: field trips, athletics, student groups or clubs, and any overnight events/field trips where a student has a medication of file that may need to be given.

 Before the field trip:

* At least one-school personnel must have successfully completed the applicable DPI approved training depending on the medication needs of the students.
* Current training documentation must be on file with the District prior to the date of event or practice.

Day of the field trip:

The school administrator or his/her designee assigned to administer student prescribed medications shall:

1. Document the following items on an envelope with the school’s return address on it:
	1. Name of the student
	2. Name of the drug,
	3. Dose,
	4. Approximate time it is to be taken,
	5. Instructions pertinent to administration of the medication.
2. Place one medication dose in envelope (if student requires more than one medication while on field trip, place each dose in a separate envelope).
3. Securely tape the envelope containing the prescribed medication to prevent loss of the medication.
4. Ensure that the responsible person in charge of the care of the student on the field trip is aware of any side-effects of the prescribed medication and who to contact should an emergency occur.
5. Explain to the individual who will be administering the medication(s) on the field trip that he/she must follow the procedures listed below to comply with the school district’s policy:
* Completely fill out the label attached to the student’s envelope containing the prescribed medication(s)
* Take the envelope to the school office to the administrator or his/her designee in charge of student prescribed medication(s) and record keeping immediately upon return from the field trip.

After the field trip:

The school administrator or his/her designee who is assigned to administer student prescribed medications during the field trip will be responsible for the following:

* Transfer all information from the field trip prescribed medication envelope label to the student’s medication records.
* Place his/her name and initials in the appropriate area under the regular school day designee(s) name.

NOTE: If the information is being recorded by someone other than the individual who gave the prescribed medication to the student(s), place the documenter’s initials after their name and initials.
(e.g. Jane Doe/J.D.-W.T.) and keep the field trip medication envelope on file until the end of the school year.

Out of State Field Trip:

School districts have a legal obligation to ensure students with disabilities are able to participate in the school’s programs, including field trips and extracurricular activities, to the fullest extent possible, including through the use of accommodations. Denying a student with special health care needs the right to participate in extracurricular activities or field trips solely due to the student’s disability violates IDEA and/or Section 504.

1. A student who requires medical care cannot be excluded from a field trip due to lack of personnel to provide required medical/nursing services. A School Nurse who is familiar with the students’ health condition and treatment may need to accompany the student if the School Nurse determines that medical care cannot legally or safely be delegated. (The student’s parent can accompany the child to provide the necessary medical/nursing services but cannot be required to attend).
2. Plans must be in place to meet the nursing license and practice laws of the state where the field trip is taking place as well as any states through which transport and overnight stays are occurring.
3. The [Nurse Licensure Compact](https://www.ncsbn.org/nlc.htm) (NLC) allows nurses to have one multistate license, with the ability to practice in both their home state and other party states. The School Nurse must request and receive permission to practice in another state.(9)
	1. Even if a trip is in a compact state, the School Nurse must still know what that state nursing regulations/laws are and scope of practice accordingly regardless of whether she/he is delegating tasks to a non-nurse school staff member or actually attending the field trip and performing the necessary medical/nursing services.+
4. If the state does not participate in the NLC, a temporary license may need to be obtained to legally practice nursing in that state.
5. If the field trip involves traveling out of the county, the School Nurse should contact the [U.S. Embassy](http://www.usembassy.gov/) for direction for the appropriate contact for that country.
	1. When inquiring about providing professional nursing in that country, the School Nurse should also inquire about that country’s laws about unlicensed persons providing care.

ADMINISTERING MEDICATION PROCEDURE

1. No prescription or non-prescription drug product will be administered by school/school district personnel without the Medication Consent form and the Order for Medication Administration form being filled out and returned to the School Nurse or school district administrator’s designee.
	1. Medication Consent Form must be filled out by the parent/legal guardian and addressed and returned to the School Nurse or school district administrator’s designee.
	2. For a prescription medication, an Order for Medication Administration form must be filled out by a prescribing practitioner, addressed, and returned to the RN or school district administrator’s designee.
	3. The School Nurse or superintendent/principal’s designee shall maintain an accurate medication file, which includes all of these necessary forms for each student/participant receiving medication. Any changes shall be communicated to the School Nurse or school district administrator’s designee by both the prescribing practitioner and parent/legal guardian.
2. Prescription drugs to be administered in the school or at an school district site/program must be supplied by the student's/participant's parent/legal guardian in the original pharmacy-labeled package and have the following information printed, in a legible format, on the container:

	1. Student's/participant's full name;
	2. Name of the drug and dosage;
	3. Effective date;
	4. Directions;
	5. Time to be given; and
	6. Prescribing practitioner's name.
3. Nonprescription drug products to be administered in the school or at a school district site/program must be supplied by the student's/participant's parent/legal guardian in the original manufacturer's package and the package shall list the ingredients and recommended dosage in a legible format.
4. Prescription and non-prescription drugs will be administered to the student/participant at the designated time by the School Nurse or school district administrator’s designee, or by an individual who has been authorized to do so.
5. All District employees authorized to administer drugs in the school or at a district site/program shall receive training, approved by the Department of Public Instruction, prior to administering any nonprescription or prescription drug product.
6. Parents are responsible for supplying the prescription or non-prescription drug for their child.
7. The school district staff person designated to administer medications shall see that the medication is given within 30 minutes before or after the time specified by the health care practitioner.
8. All prescription and nonprescription drug products administered at the school will be kept in a locked cubicle, drawer, or other secure manner that maintains the medications' effectiveness (such as a locked refrigerator or a locked container in the refrigerator for medications that require refrigeration).
9. Emergency medications will be stored in a reasonably accessible location (student’s classroom, School Nurse’s office, main office).
	1. Medication should be kept in a secure but unlocked area
	2. Staff should be aware of the storage locations, and of any back-up supply
	3. Students may be allowed to carry their own emergency medication when appropriate
	4. An individual is identified to maintain a schedule for tracking medication status and expiration dates of emergency medications
10. For controlled substances (see list below) school office personnel shall verify the amount of medication delivered by counting individual units of medication in the presence of either the adult who delivers it or another school personnel. The amount of medication shall be documented by school office personnel. School officials and/or adult delivering medication shall document verification of the medication count by initialing the medication administration form.
11. Controlled substances shall be counted and reconciled each month with verification by another school personnel. The amount of medication and initials of personnel who verified medication count shall be documented on medication administration form.
12. Students may self-carry albuterol inhalers and epinephrine auto-injectors if they have a medical order, have been instructed by their health care provider in the correct and responsible way to use an albuterol inhaler and/or epinephrine auto-injector and have been assessed by the School Nurse as having the appropriate self-management skills. (see Student Self-Administered Medication Policy and Procedure).
13. The length of time for which the drug is to be administered, which is not to exceed the current school year, including summer school or the length of the school district program, shall be contained in the written instructions from the prescribing practitioner.
	1. Further written instructions must be received from the prescribing practitioner with the consent of the parent/legal guardian if the drug is to be discontinued or any other change is to be made in the prescribing practitioner's original instructions.
14. An accurate and confidential system of record keeping shall be established for each student/participant receiving drug products.
15. An individual record for each student/participant receiving a drug product shall be kept by the School Nurse in the health office or the district administrator/principal’s designee at a designated place at the school district site. The individual record shall include the type of drug product, the dose, the time given, the duration, and an inventory of the amount of drug product.
	1. The individual student record should include that student’s picture to assist with identification of the student while taking appropriate steps to maintain confidentiality.
16. In the event of a drug administration error, parent and School Nurse will be notified. Prescribing physician will be notified if parent or School Nurse feels it is appropriate or necessary. A written incident report explaining the error shall be completed by the School Nurse or school district administrator’s designee or other employee involved, if any, and such report shall be filed with the student or participant health record and sent to School Nurse. (See Medication Error Policy and Procedure)
17. Nothing in this policy shall be construed to limit an employee's ability, including a nurse's ability, to respond appropriately in a health emergency situation, including but not limited to administering medication, if needed.

List of Common Controlled Substances (list is not all inclusive)
DRUG NAME (alphabetically)

Adderall®

Alprazolam

Alzapam®

Anexsia®

Anodynos-DHC®

Astramorph®

Ativan®

Clonazepam

Codeine

Concerta®

Darvocet-N®

Darvon®

Darvon-N®

Daytrana®

Dexedrine®

Dextroamphetamine

Dextrostat®

Diazepam

Dilaudid®

Dilaudid-HP®

Duramorph®

Endocet®

Halcion®

Hydrocodone

Hydromorphone

Infumorph®

Klonopin®

Lorazepam

Lorcet®

Lortab®

Metadate®

Methylin®

Methylphenidate

Morphine

Morphine Sulfate®

Norco®

Oramorph SR®

Oxycodone

OxyContin®

OxyFAST®

OxyIR®

Percocet®

Propoxyphene

Ritalin®

Ritalina®

Ritaline®

RMS®

Roxanol®

Roxanol-SR®

Roxicet®

Roxicodone®

Serax®

Statex®

Tranxene®

Tylenol® with Codeine

Tylox®

Valium®

Vicodin®

Xanax®

Zydone®

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