

Board of Education Regular Meeting

Monday, April 6, 2026 7:00 PM

New Fairfield Community Room, 33 Route 37, New Fairfield, CT., 33 Route 37,
New Fairfield, Connecticut 06812

I. CALL TO ORDER

II. PLEDGE OF ALLEGIANCE

III. APPROVAL OF THE MINUTES

III.A. March 5, 2026 - Regular

IV. APPROVAL OF THE AGENDA

V. **PUBLIC PARTICIPATION - *The Board welcomes public participation. Pursuant to our Board Policy, public participation is limited to no more than three (3) minutes per speaker and a total of no more than thirty (30) minutes total for the entire meeting. Individuals who wish to speak longer are encouraged to attend any and all related subcommittee meetings where most of the board's groundwork is done. We value your input, but due to these time limitations, we ask you to be concise and to observe the rules of common courtesy. [9320(a) of Board Bylaws]***

VI. BOARD AND ADMINISTRATIVE COMMUNICATIONS

VI.A. Chairman's Report

VI.B. Superintendent's Report

VI.C. Student Representatives' Report

VI.D. Committee Reports

VI.D.1. Business Operations/Resource
Management (*Greg Flanagan*)

VI.D.2. Curriculum (*Amy Johnson*)

VI.D.3. Policy (*Samantha Mannion*)

VI.D.4. Special Education Ad Hoc (*Kim LaTourette*)

VI.E. Liaison Reports

VI.E.1. Board of Finance (*Ed Sbordone*)

VI.E.2. Parks and Recreation Committee (*K.
LaTourette, G. Flanagan*)

VII. INFORMATION ITEMS

VII.A. New Fairfield High School/Consolidated School
Building Project Update

VII.B. New Fairfield Elementary School Leadership
Structure and Support

VII.C. FY 27 Budget Update

VII.D. Board of Education Policy (*First Reading*)

VII.D.1. Policy 5141.21 Administering Medication

VIII. **ACTION ITEMS**

VIII.A. Personnel Report

VIII.B. Non-Renewal of Long-Term Certified Substitute
Educators

VIII.C. Healthy Food Certification

VIII.D. Acceptance of Donation

VIII.D.1. Nicole Vengalli Foundation c/o New Fairfield
High School PTO

IX. **PUBLIC PARTICIPATION** - *The Board welcomes public participation. Pursuant to our Board Policy, public participation is limited to no more than three (3) minutes per speaker and a total of no more than thirty (30) minutes total for the entire meeting. Individuals who wish to speak longer are encouraged to attend any and all related subcommittee meetings where most of the board's groundwork is done. We value your input, but due to these time limitations, we ask you to be concise and to observe the rules of common courtesy. [9320(a) of Board Bylaws]*

X. **FUTURE AGENDA ITEMS**

XI. **BOARD MEMBER COMMENTS**

XII. **ADJOURNMENT**

**NEW FAIRFIELD BOARD OF EDUCATION
NEW FAIRFIELD, CT**

The New Fairfield Board of Education held a regular meeting on Thursday, March 5, 2026, at 7:00 p.m. in the New Fairfield Community Room, 33 Route 37, New Fairfield, CT.

MINUTES – March 5, 2026

PRESENT: Dominic Cipollone (Chairman), Kathy Baker, Sue Huwer, Amy Johnson, Peggy Katkocin, Kimberly LaTourette, Samantha Mannion, and Ed Sbordone

ABSENT: Greg Flanagan

ALSO PRESENT: Superintendent of Schools Dr. Kenneth Crow, Assistant Superintendent of Curriculum and Instruction Dr. Kristine Woleck, High School Principal James D’Amico, Elementary School Principal Allyson Story, Director of Business and Operations Carrie DePuy and, BOF member Rick Regan

I. CALL TO ORDER: Chairman Dominic Cipollone called the meeting to order at 7:01p.m.

II. PLEDGE OF ALLEGIANCE

III. APPROVAL OF MINUTES

A. February 5, 2026 - Regular meeting - Approved by consensus.

IV. APPROVAL OF AGENDA - Approved by consensus

V. PUBLIC PARTICIPATION - None

VI. BOARD AND ADMINISTRATIVE COMMUNICATIONS

A. Chairman’s Report - Dominic Cipollone spoke of Artificial Intelligence and how it affects education. He spoke of the negative effects of social media and referred to a recent derogatory post on social media. He assured everyone that this will not be tolerated in the district.

B. Superintendent’s Report - Dr. Kenneth Crow spoke of partnership within the district and thanked the BOE members for all their hard work volunteering on the board. He noted that Parent-Teacher conferences for Grades K-8 will be held next week.

C. Student Representative Report

Senior Representative Ella Skogstrom spoke of the following:

- The National Honor Society blood drive was held recently.
- SEE Panel signups will be held from March 16th to March 20th.
- Senior Prom will be held on May 16th.
- The New Fairfield Robotics Team was invited to State Championships in Wilton.
- Registration for Spring Sports has begun.
- Unified Spirit Week will conclude tomorrow.
- The High School Musical “The Addams Family” will be from March 19th to March 22nd.
- There will be an early dismissal on March 24th. Freshmen will take PSAT, Juniors will take the SATs and Seniors will have SEE Project panels.
- The Festival of Cultures will be held on March 28th.

Junior Representative Hailey Lafaro spoke of the following:

- Junior College Planning Night was held on February 26th.

- The Junior trip to Washington, DC will be March 11th to March 13th.
- Juniors will take the SATs on March 24th.
- The Junior Prom tickets will go on sale on March 16th.
- The Band Jam will be held on March 25th.
- March 26th will be an early dismissal and the quarter will end on March 27th
- Undergraduates will meet with counselors to pick their courses for next year.

D. Committee Reports

1. Business Operations/Resource Management - Ed Sbordone noted that this subcommittee met on February 19th via zoom. They discussed budget vs. actual and noted that there is still a spending freeze in effect. Carrie DePuy is keeping a watchful eye on contracted services and the amount spent is less than last year. There is a deficit in Special Education of approximately \$1.2 million but this may be mitigated by the Excess Cost Grant. The subcommittee discussed capital projects with the main focus being the Middle School. There was also a discussion of possible grants for the technology budget. The next meeting of this subcommittee will be March 19th.
2. Curriculum - Amy Johnson noted that this subcommittee met on February 23rd and spoke of the STEAM Curriculum for each school. They discussed the STEAM lab in the Middle School. She spoke of technology opportunities at the high school. It was noted that the State no longer requires Capstone projects so the curriculum for this will be adjusted.
3. Policy - Samantha Mannion noted that this subcommittee met on February 25th. There were no action items at the subcommittee. They gave an update on the new cell phone policy and it is working well. There was an overview of issues with security with ‘Bring you own device.’”

E. Liaison Reports

1. Board of Finance - Ed Sbordone spoke of the BOF meeting of February 25th. They discussed debt service which will decrease in 2026-2027. They discussed the Medical Reserve fund and the amount to be put in the reserve account. There was a discussion of the new depreciation schedule for motor vehicles and how it will affect the grand list.
The schedule for the BOF meeting is March 7th- BOE/BOS Public Hearing (9am), March 11th (BOE budget discussion), March 18th (BOS budget discussion), March 25th (Remaining budget topics and medical) and the final mark up on April 8th.
2. Parks and Recreation - The Parks and Rec meeting of February 23rd was cancelled. Their next meeting will be held on Monday, March 9th.

VII. INFORMATION ITEMS

A. New Fairfield High School/Consolidated School Building Project Update

Carrie DePuy noted that the Zoning Commission cancelled their meeting of March 4th so they are still waiting on a final plan for the bus lot. She is also waiting for an update on the propane issue at the high school.

B. Anxious Generation

Assistant Superintendent of Curriculum and Instruction Dr. Kristine Woleck spoke of the Community Wide Read of *The Anxious Generation* by Jonathan Haidt. This included the community read, community conversations, and discussion of emerging themes and action steps by the planning group. The goal for this group is to help students make the best use of technology. They will identify the skills that they want students to learn in a developmentally appropriate and well-paced curriculum. She spoke of conversations regarding rules and policies for the use of devices and cell phones during the school day. She spoke of the importance of unstructured time and screen-free opportunities at all school levels.

C. 2025-2026 District Calendar Update

Dr. Craw gave an update on the district calendar for 2025-2026. High School graduation will be held on Friday, June 12th. The Middle School moving up ceremony will be held on Friday, June 19th. The last day of school will be Monday, June 22nd. Friday, June 19th and Monday, June 22nd will be early dismissal days.

D. 2026-2027 Budget Update

The BOE will present their budget to the BOF on Saturday, March 7th at 9:00am. Dr. Craw spoke of the four areas of the total operating budget which includes Operating, Medical, Capital, and Debt service. The total requested budget for 2026-2027 is \$61,708,599 which represents an increase of \$2,554,891 over last year's budget which is a percentage increase of 4.32%.

VIII. ACTION ITEMS

A. Personnel Report

MOTION: Kathy Baker made a motion to recommend to the full Board the approval of the Personnel Report for February 26, 2026, as recommended by the administration. Samantha Mannion seconded the motion. **IN FAVOR:** Kathy Baker, Dominic Cipollone, Sue Huwer, Amy Johnson, Peggy Katkocin, Kimberly LaTourette, Samantha Mannion, and Ed Sbordone

B. Board of Education Policy

Assistant Superintendent of Curriculum and Instruction Dr. Kristine Woleck gave a brief description of the media program and Policy 6161.12.

1. Policy 6161.12- Library Collection Development and Maintenance, and Library Displays and Programs, and Library Material Review and Reconsideration Policy

MOTION: Samantha Mannion made a motion to recommend to the full Board the approval of Board of Education Policy 6161.12 - Library Collection Development and Maintenance, and Library Displays and Programs, and Library Material Review and Reconsideration Policy. Amy Johnson seconded the motion. **IN FAVOR:** Kathy Baker, Dominic Cipollone, Sue Huwer, Amy Johnson, Peggy Katkocin, Kimberly LaTourette, Samantha Mannion, and Ed Sbordone

C. Continuation of Health Benefits

MOTION: Ed Sbordone made a motion to recommend to the full Board approval to authorize the Superintendent to offer continuation of health insurance benefits for teachers who notify the intent to resign by Friday, April 24, 2026. Kathy Baker seconded the motion. **IN FAVOR:** Kathy Baker, Dominic Cipollone, Sue Huwer, Amy Johnson, Peggy Katkocin, Kimberly LaTourette, Samantha Mannion, and Ed Sbordone

IX. PUBLIC PARTICIPATION - None

X. FUTURE AGENDA ITEMS

Sue Huwer asked for an update on how Chromebooks and technology are used in the schools.

XI. BOARD MEMBER COMMENTS

Sue Huwer asked about "hot spots" on phones. High School Principal James D'Amico explained that hot spots allow students to access their own Wi-Fi on their own devices thus overriding the school Wi-Fi. The administration is looking into ways to prevent this.

Kimberly LaTourette encouraged everyone to attend the Budget meeting on March 7th and get involved in the process.

XII. ADJOURNMENT

MOTION: Dominic Cipollone made a motion to adjourn the meeting at 7:58 pm. Kimberly LaTourette seconded the motion. **IN FAVOR:** Kathy Baker, Dominic Cipollone, Sue Huwer, Amy Johnson, Peggy Katkocin, Kimberly LaTourette, Samantha Mannion, and Ed Sbordone

Respectfully submitted,
Suzanne Kloos

New Fairfield Elementary School: Reorganized Leadership Structure & Support

**Board of Education Meeting
April 6, 2026**

NFES: One School, One Identity



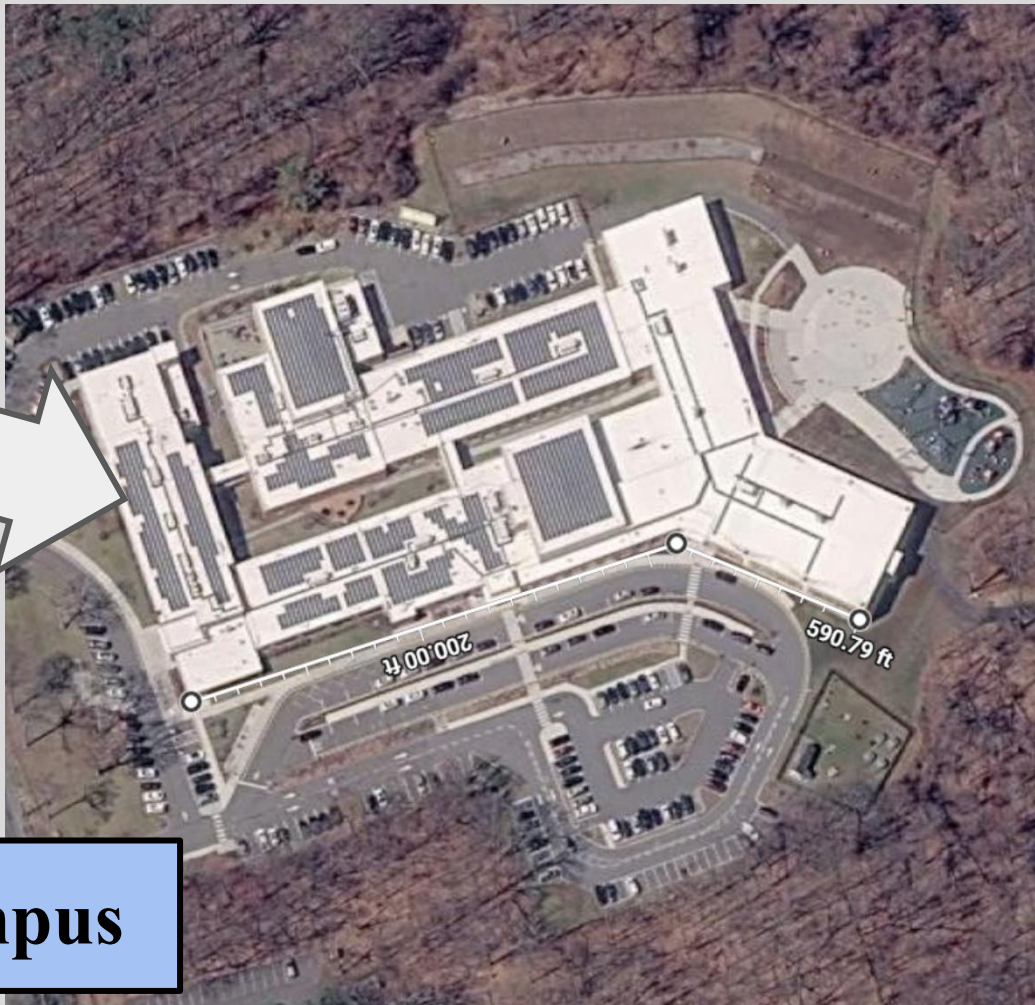
About NFES

By the Numbers

- 956 students (PK-grade 5)
- 646 families
- 92 certified staff (teachers, PPS, & Spec. ed. teachers)
- 79 non-certified staff (paras, custodians, secretaries)
- 45% of all district staff are located at NFES

Campus

- 3 levels in one wing
- 140,000 sq. ft.
(double the regional elementary avg. of 70,000–80,000 sq. ft.)



3 Levels

NFES Campus

How NFES Compares Regionally

- Across 56 elementary schools in southwestern Connecticut (spanning 14 districts), the average number of students in an elementary school is 433.
- Square footage data
 - Average elementary school 70,000-80,000 square feet.
 - NFES is more than double this average → scale requires re-evaluation of leadership

Comparison of Administrative Structures

Grades	Current Configuration	
PreK-5	Campus Principal	Allyson Story
K-1	K-1 Assistant Principal	Rob Spino
2-3	2-3 Assistant Principal	Alyce Misuraca
3-5	4-5 Assistant Principal	Jen Hilderbrand

Comparison of Administrative Structures

Grades	2026-27 Configuration	
PreK-2	Lower House Principal	Allyson Story
3-5	Upper House Principal	Jen Hilderbrand
PreK-2	Lower House Assistant Principal	Rob Spino
3-5	Upper House Assistant Principal	Alyce Misuraca

Positioning NFES for the Future

A School of This Scale Requires a Different Model

- At 956 students, NFES significantly exceeds regional norms in both enrollment and facility size

Developmentally Aligned Structure

- PreK-2 and Grades 3-5 reflect distinct stages of student growth
- Leadership can better respond to academic, social, and behavioral needs at each level

Stronger Instructional Leadership

- Dedicated principals allow for deeper focus on teaching and learning

Positioning NFES for the Future

Clarity and Responsiveness for Families

- Clear points of contact for communication and support
- Streamlined, responsive decision-making at the building level

Sustainable and Future-Focused

- Positions the school to meet increasing student needs
- Builds leadership capacity and long-term organizational stability

In Summary, What's New?

- Dedicated principal for each house
- Dedicated assistant principal for each house
- Focus of instructional leadership at the house level
- Clarity of roles and responsibilities (for staff and families)

This model is a staffing and cost-neutral reorganization that uses existing talent.

What Remains the Same?

Culture

- Shared identity as New Fairfield Elementary School
- Shared Rebel mascot and school spirit
- Continued opportunity for cross-grade connections for students
- Seamless transition from PK-2 to grades 3-5

Operations

- Start / end times, bus schedules
- NFES schedules (master schedule, recess/lunch, specials)
- Shared spaces ... cafeteria, gyms, library, playground
- Continuity of staff and shared staffing (paras, PPS, specials)

Questions?



Fiscal Year 2027 Budget Update

**Board of Education Meeting
April 6, 2026**

Budget Update

- On March 25, the Board of Finance voted to cut the BOE budget by \$150,000.
- This reduction may come from a combination of operating or capital accounts, as determined by the BOE.
- The BOF is meeting again on April 8 BOF for the final mark up of the town and BOE budgets.

Budget Reduction Guiding Principles

The Superintendent's Budget Reduction Scenario is guided by:

1. Maintaining all **health and safety** measures.
2. Meeting all **federal and state mandates** (e.g. special education).
3. Maintaining **class size goals** to the greatest extent possible.
4. Maintaining **programs and services** to the greatest extent possible.
5. Ensuring the budget is **structurally sound and executable**, understanding that it already assumes liabilities (e.g. teacher turnover).

Preliminary Budget Reduction Scenario

Department	Description	Amount
Districtwide	Retirement Incentive (certified & non-certified)	27,500
Districtwide	Special Education Contingency	(50,000)
Districtwide	Stipends	(24,000)
Districtwide	Software	(13,900)
NFES	General Education Paraeducator (.4 FTE)	(10,000)
Districtwide	Non-Payroll	(9,600)
Subtotal	Operating	(80,000)
Subtotal	Capital	(70,000)
Total Reductions		(150,000)

Total Education Budget Breakdown

Expenditure	2025-26	2026-27	Inc/Dec	
Operating	44,118,404	46,317,778	2,129,374	
Medical	7,193,515	7,387,550	194,035	
Capital	510,000	553,000	43,000	
Debt Service	7,331,789	7,124,780	(207,009)	
Total	59,153,708	61,383,108	2,229,400	3.77%

Students

Administering Medication

The purpose of this policy is for the Board of Education (Board) to determine who shall administer medications in a school and the circumstances under which self-administration of medication by students shall be permitted.

The Board of Education allows students to self-administer medication and school personnel to administer medication to students in accordance with the established procedures, and applicable state regulations, sections [10-212a-1](#) through [10-212a-10](#) inclusive. In order to provide immunity afforded to school personnel who administer medication, the Board of Education, with the advice and approval of the School Medical Advisor and the school nurse supervisor, shall review and/or revise this policy and regulation biennially concerning the administration of medications to District students by a nurse, or in the absence of a nurse, by qualified personnel for schools. The District's School Medical Advisor (or other qualified physician) shall approve this policy, its regulations and any changes prior to adoption by the Board.

Definitions

Administration of medication means any one of the following activities: handling, storing, preparing or pouring of medication; conveying it to the student according to the medication order; observing the student inhale, apply, swallow, or self-inject the medication, when applicable; documenting that the medication was administered; and counting remaining doses to verify proper administration and use of the medication.

Authorized prescriber means a licensed physician, dentist, optometrist, advanced practice registered nurse or physician assistant and for interscholastic and intramural athletic events only, a podiatrist.

Before- and after-school program means any child care program operated and administered by a local or regional Board of Education or municipality exempt from licensure by the Department of Public Health. Such programs shall not include public or private entities licensed by the Department of Public Health or Board of Education enhancement programs and extra-curricular activities.

Board of Education means a local or regional Board of Education, a regional educational service center, a unified school district, the regional vocational-technical school system, an approved private special education facility, the Gilbert School, the Norwich Free Academy, Woodstock Academy or a non-public school whose students receive services pursuant to Section [10-217a](#) of the Connecticut General Statutes.

Carrier means any school district, educational institution, or person, firm or corporation under contract to such district or institution engaged in the business of transporting students. (C.G.S. [14-212 \(2\)](#)).

Students

Administering Medication

Definitions (continued)

~~**Cartridge injector** means an automatic pre-filled cartridge injector or similar automatic injectable equipment used to deliver epinephrine in a standard dose for emergency first aid response to allergic reaction.~~

Controlled drugs means those drugs as defined in Connecticut General Statutes Section [21a-240](#).

Cumulative health record means the cumulative health record of a student mandated by Connecticut General Statutes Section [10-206](#).

Director means the person responsible for the operation and administration of any school readiness program or before- and after-school program.

Epinephrine means an automatic pre-filled cartridge injector or similar automatic injectable equipment, a nasal spray, or any other medical equipment approved by the United States Food and Drug Administration that is used to deliver epinephrine in a standard dose for emergency first aid response to allergic reactions.

Equipment used to administer glucagon means an injector or injectable equipment nasal spray, or other medical equipment approved by the United States Food and Drug Administration that is used to deliver glucagon in an appropriate dose for emergency first aid response to diabetes.

Error means:

- (1) the failure to do any of the following as ordered:
 - (a) administer a medication to a student;
 - (b) administer medication within one hour of the time designated by the prescribing physician;
 - (c) administer the specific medication prescribed for a student;
 - (d) administer the correct dosage of medication;
 - (e) administer medication by the proper route; and/or
 - (f) administer the medication according to generally accepted standards of practice;
 or
- (2) the administration of medication to a student which is not ordered by an authorized prescriber, or which is not authorized in writing by the parent or guardian of such student.

Co-curricular activities means activities sponsored by local or regional Boards of Education that occur outside of the school day, are not part of the educational program, and do not meet the definition of before- and after-school programs and school readiness programs.

Students

Administering Medication

Definitions (continued)

Guardian means one who has the authority and obligations of guardianship of the person of a minor, and includes: (1) the obligation of care and control; and (2) the authority to make major decisions affecting the minor's welfare, including, but not limited to, consent determinations regarding marriage, enlistment in the armed forces and major medical, psychiatric or surgical treatment.

Intramural athletic events means tryouts, competition, practice, drills, and transportation to and from events that are within the bounds of a school district for the purpose of providing an opportunity for students to participate in physical activities and athletic contests that extend beyond the scope of the physical education program.

Interscholastic athletic events means events between or among schools for the purpose of providing an opportunity for students to participate in competitive contests which are highly organized and extend beyond the scope of intramural programs and includes tryouts, competition, practice, drills, and transportation to and from such events.

Investigational drug means any medication with an approved investigational new drug (IND) application on file with the Food and Drug Administration (FDA), which is being scientifically tested and clinically evaluated to determine its efficacy, safety and side effects and which has not yet received FDA approval.

Medication means any medicinal preparation including over-the-counter, prescription and controlled drugs, as defined in Connecticut General Statutes Section [21a-240](#). This definition includes Aspirin, Ibuprofen or Aspirin substitutes containing Acetaminophen.

Medication plan means a documented plan established by the school nurse in conjunction with the parent and student regarding the administration of medication in school. Such plan may be a stand-alone plan, part of an individualized health care plan, an emergency care plan or a medication administration form.

Medication order means the written direction by an authorized prescriber for the administration of medication to a student which shall include the name of the student, the Brand name and generic name of the medication, the dosage of the medication, the route of administration, the time of administration, the frequency of administration, the indications for medication, any potential side effects including overdose or missed dose of the medication, the start and termination dates not to exceed a 12-month period, and the written signature of the prescriber. A 30-day grace period may be granted at the school nurse's discretion.

Nurse means an advanced practice registered nurse, a registered nurse or a practical nurse licensed in Connecticut in accordance with Chapter 378 of the Connecticut General Statutes.

Occupational therapist means an occupational therapist employed full time by the local or regional board of education and licensed in Connecticut pursuant to Chapter 376 of the Connecticut General Statutes.

Students

Administering Medication

Definitions (continued)

Paraprofessional means a health care aide or assistant or an instructional aide or assistant employed by the local or regional Board of Education who meets the requirements of such Board for employment as a health care aide or assistant or instructional aide or assistant.

Physical therapist means a physical therapist employed full time by the local or regional Board of Education and licensed in Connecticut pursuant to Chapter 376 of the Connecticut General Statutes.

Physician means a doctor of medicine or osteopathy licensed to practice medicine in Connecticut pursuant to Chapters 370 and 371 of the Connecticut General Statutes, or licensed to practice medicine in another state.

Principal means the administrator in the school.

Qualified personnel for schools means (a) a full-time employee who meets the local or regional Board of Education requirements as a principal, teacher, occupational therapist or physical therapist and has been trained in the administration of medication in accordance with Section [10-212a-3](#) of the State regulations; (b) a coach and licensed athletic trainer who has been trained in the administration of medication pursuant to Section [10-212a-8](#) of the State regulations; or (c) a paraprofessional who has been trained in the administration of medication pursuant to Section [10-212a-9](#) of the State regulations. For school readiness programs and before- and after-school programs, Directors or Director's designee, lead teachers and school administrators who have been trained in the administration of medication may administer medications pursuant to Section [10-212a-10](#) of the State regulations.

Research or study medications means FDA-approved medications being administered according to an approved study protocol. A copy of the study protocol shall be provided to the school nurse along with the name of the medication to be administered and the acceptable range of dose of such medication to be administered.

School means any educational facility or program which is under the jurisdiction of the Board excluding extracurricular activities.

School nurse means a nurse appointed in accordance with Connecticut General Statutes Section [10-212](#).

School nurse supervisor means the nurse designated by the local or regional Board of Education as the supervisor or, if no designation has been made by the Board, the lead or coordinating nurse assigned by the Board.

School bus driver means any person who holds a commercial driver's license with a public passenger endorsement to operate a school bus pursuant to subsection (a) of C.G.S. [14-44](#).

Students

Administering Medication

Definitions (continued)

School readiness program means a program that receives funds from the State Department of Education for a school readiness program pursuant to subsection (b) of Section 10-16p of the Connecticut General Statutes and exempt from licensure by the Department of Public Health pursuant to subdivision (1) of subsection (b) of Section 19a-77 of the Connecticut General Statutes.

Self-administration of medication means the control of the medication by the student at all times and is self-managed by the student according to the individual medication plan.

Teacher means a person employed full time by a Board of Education who has met the minimum standards as established by that Board for performance as a teacher and has been approved by the School Medical Advisor and school nurse to be designated to administer medications pursuant to the Regulations of Connecticut State Agencies Sections 10-212a-1 through 10-212a-7.

General Policies on Administration of Medication

A child with diabetes may test his/her own blood glucose level per the written order of a physician stating the need and the capacity of such child to conduct self-testing, along with written authorization of the parent/guardian. Such self-testing shall be pursuant to guidelines promulgated by the Commissioner of Education. The time or place where a student with diabetes may test his/her blood-glucose level on school grounds shall not be restricted provided the student has written parental/guardian permission and a written order from a physician licensed in Connecticut.

The school nurse or school principal shall select a qualified school employee to, under certain conditions, **administer glucagon injection** to a student with diabetes who may require prompt treatment to protect him/her from serious harm or death. The nurse or principal must have the written authority from the student's parent/guardian and a written order from the student's Connecticut-licensed physician. The authorization shall be limited to situations when the school nurse is absent or unavailable. No qualified school employee shall administer this medication unless he/she has annually completed any training required by the school nurse and school medical advisor in the administration of medication with ~~injectable~~ equipment used to administer glucagon. The school nurse and school medical advisor must attest that the qualified school employee has completed such training and the qualified school employee voluntarily agrees to serve as a qualified school employee. The ~~injections~~ **glucagon is** to be given through ~~an injector or injectable~~ equipment used to deliver an appropriate dose of glucagon as emergency first aid response to diabetes.

A child diagnosed with asthma or an allergic condition, pursuant to State Board of Education regulations, may possess, self-administer or possess and self-administer medicine administered through the use of an asthmatic inhaler or ~~an EpiPen or similar device~~ **epinephrine** in the school at all times or while receiving school transportation services if he/she is under the care of a physician, physician assistant, or advanced practice registered nurse (APRN) and such

Students

Administering Medication

General Policies on Administration of Medication (continued)

Administration of Medication by Paraprofessionals

practitioner certifies in writing to the Board of Education that the child needs to keep an asthmatic inhaler or ~~Epipen~~ epinephrine at all times to ensure prompt treatment of the child's asthma or allergic condition and protect the child against serious harm or death. A written authorization of the parent/guardian is also required.

A school nurse may administer medication to any student pursuant to the written order of an authorized prescriber (physician, dentist, optometrist, an advanced practice registered nurse, or a physician assistant and for interscholastic and intramural athletic events only, a podiatrist) and the written authorization of a parent or guardian of such child or eligible student and the written permission of the parent/guardian for the exchange of information between the prescriber and the school nurse necessary to ensure the safe administration of such medication.

In the absence of a school nurse, any other nurse licensed pursuant to the provisions of Chapter 378, including a nurse employed by, or providing services under the direction of the Board of Education at a school-based clinic, only qualified personnel for schools who have been properly trained may administer medications to students as delegated by the school nurse upon approval of the School Medical Advisor and the school nurse may administer medication to any student in the school following the successful completion of specific training in administration of medication and satisfactory completion of the required criminal history check.

Medications with a ~~cartridge injector~~ epinephrine may be administered by qualified personnel for schools only to a student presenting with an allergic condition which may require prompt treatment to protect the student against serious harm or death. Qualified personnel for schools, as defined, may administer oral, topical, intranasal, inhalant or cartridge injector medication in the absence of a licensed nurse. Investigational drugs or research or study medications may not be administered by qualified personnel for schools.

Coaches and licensed athletic trainers during intramural and interscholastic events may administer medications pursuant to Section [10-212a-9](#) of the Regulations of Connecticut State Agencies and as described in this policy and in the administrative regulations to this policy.

In compliance with all applicable state statutes and regulations, parents/guardians may administer medications to their own children on school grounds.

Administration of Medication by Paraprofessionals

A specific paraprofessional, through a plan approved by a school nurse supervisor and School Medical Advisor, may administer medications including ~~medications administered with a cartridge injector~~ epinephrine, to a specific student with a medically diagnosed allergic condition that may require prompt treatment in order to protect the student against serious harm or death pursuant to Section [10-212a-9](#) of the Regulations of Connecticut State Agencies and as described in the administrative regulations. The approved plan also requires the written authorization of

Students

Administering Medication

Administration of Medication by Paraprofessionals

the student's parent/guardian and pursuant to the written order from the student's authorized prescriber licensed to prescribe medication.

Administration of Medications in School Readiness Programs and Before- and After-School Programs

Directors, or their designees, who may include lead teachers or school administrators, who have been properly trained, may administer medications to students as delegated by the school nurse or other registered nurse, in school readiness programs and before- and after-school programs that are child care programs. Such programs must either be District-administered or administered by a municipality exempt from licensure by the Department of Public Health and are located in a District public school. Medicine may be administered pursuant to the Regulations of Connecticut State Agencies, Section [10-212a-10](#), to children enrolled in these programs.

Administration of medications shall be provided only when it is medically necessary for program participants to access the program and maintain their health status while attending the program. A child attending any before- or after-school program, defined as any child care program operated and administered by the Board in any building or on the grounds of any district school, upon the request and with the written authorization of the child's parent/guardian and pursuant to the written order from the student's authorized prescriber, will be supervised by the District staff member (Director or designee, lead teacher, school administrator) trained to administer medication including ~~a cartridge injector~~ epinephrine. Such administration shall be to a particular student medically diagnosed with an allergy that may require prompt treatment to avoid serious harm or death.

Investigational drugs or research or study medications may not be administered by Directors or their designees, lead teachers or school administrators.

Properly trained Directors, Directors' designees, lead teachers or school administrators may administer medications to students as delegated by the school nurse or other registered nurse. They may administer oral, topical, intranasal, or inhalant medications. No medication shall be administered without the written order of an authorized prescriber and the written approval of the parent/guardian.

The selected staff member shall be trained in the use of ~~a cartridge injector~~ epinephrine by either a licensed physician, physician's assistant, advanced practice registered nurse or registered nurse.

The administration shall determine, in cooperation with the School Medical Advisor and school nurse supervisor whether additional school nursing services/nurses are required based on the needs of the program and the participants in the program. This determination shall include whether a licensed nurse is required on site. The recommendation shall be subject to Board approval.

Students

Administering Medication

Administration of Medications in School Readiness Programs and Before- and After-School Programs (continued)

The Board will allow students in the school readiness and before- and after-school programs to self-administer medication according to the student's individual health plan and only with the written order of an authorized prescriber, written authorization of the child's parent or guardian, written approval of the school nurse (The nurse has evaluated the situation and deemed it appropriate and safe and has developed a plan for general supervision of such self-medication.), and with the written permission of the parent or guardian for the exchange of information between the prescriber and the school nurse necessary to ensure the safe administration of such medication.

An error in the administration of medication shall be reported immediately to the school nurse, the parents/guardians and the prescribing physician. In case of an anaphylactic reaction or the risk of such reaction a school nurse may administer emergency oral, **nasal**, and/or injectable medication to any child in need thereof on school grounds, or in the school building, according to the standing order of the School Medical Advisor or the child's private physician. However, in an emergency any other person trained in CPR and First Aid may administer emergency oral, **nasal**, and/or injectable medication to any child in need on school grounds, or in the school building. In addition, local poison control center information shall be readily available at the sites of these programs. The Program Director or his/her designee shall be responsible for decision making in the absence of the nurse.

In the event of a medical emergency, the following will be readily available: (1) local poison information center contact information; (2) the physician, clinic or emergency room to be contacted in such an emergency; and (3) the name of the person responsible for the decision making in the absence of a school nurse.

All medications shall be handled and stored in accordance with the provisions of subsection (a) to (k) inclusive of the Regulations of Connecticut State Agencies, as outlined in the accompanying administrative regulation to this policy.

Where possible, a separate supply of the child's medication shall be stored at the site of the before- or after-school program or school readiness program. If this is not possible, a plan should be in place to ensure the timely transfer of the medication from the school to the program and back on a daily basis.

Documentation and record keeping shall be done in compliance with the stipulations outlined in the administrative regulation accompanying this policy.

THE PORTION OF THIS POLICY PERTAINING TO THE ADMINISTRATION OF MEDICATION IN SCHOOL READINESS PROGRAMS AND BEFORE- AND AFTER-SCHOOL PROGRAMS SHALL BE REVIEWED BY THE BOARD ON AN ANNUAL BASIS WITH INPUT FROM THE SCHOOL MEDICAL ADVISOR OR A LICENSED PHYSICIAN AND THE SCHOOL NURSE SUPERVISOR.

Students

Administering Medication

Administration of Medication by Coaches and Licensed Athletic Trainers During Intramural and Interscholastic Events

During intramural and interscholastic athletic events, a coach or licensed athletic trainer who has been trained in the general principles of medication administration applicable to receiving, storing, and assisting with inhalant medications or cartridge injector medications and documentation, may administer medication for select students for whom self-administration plans are not viable options as determined by the school nurse. The medication which may be administered is limited to: (1) inhalant medications prescribed to treat respiratory conditions and (2) ~~medication administered with a cartridge injector~~ epinephrine for students with a medically diagnosed allergic condition which may require prompt treatment to protect the student against serious harm or death.

The school nurse is responsible for the student's individualized medication plan and shall provide the coach with a copy of the authorized prescriber's order and the parental/guardian permission form. Parents are responsible for providing the medication, such as the inhaler or ~~cartridge injector~~ epinephrine, to the coach or licensed athletic trainer, which shall be kept separate from the medication stored in the school health office during the school day.

Medications to be used in athletic events shall be stored in containers for the exclusive use of holding medications; in locations that preserve the integrity of the medication; under the general supervision of the coach or licensed athletic trainer trained in the administration of medication; and in a locked secure cabinet when not in use at athletic events.

The agreement of the coach or licensed athletic trainer is necessary for the administration of emergency medication and the implementation of the emergency care plan.

Coaches and athletic trainers are required to fulfill the documentation requirements as outlined in the administrative regulations accompanying this policy. Errors in the administration of medication shall be addressed as specified in Section 10-212a-6 of the Regulations of Connecticut State Agencies, and detailed in the administrative regulation pertaining to this policy. If the school nurse is not available, a report may be submitted by the coach or licensed athletic trainer to the school nurse on the next school day.

Storage and Administration of Epinephrine

Definitions (For purposes of this subsection of this policy)

- ~~Cartridge injector~~ means an automatic prefilled cartridge injector or similar automatic injectable equipment used to deliver epinephrine in a standard dose for emergency first aid response to allergic reactions.

Students

Administering Medication

Storage and Administration of Epinephrine (continued)

- **Epinephrine** means an automatic pre-filled cartridge injector or similar automatic injectable equipment, a nasal spray, or any other medical equipment approved by the United States Food and Drug Administration that is used to deliver epinephrine in a standard dose for emergency first aid response to allergic reactions.

Qualified school employee means a school nurse, principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the school district, coach or school paraprofessional.

Qualified medical professional means a licensed physician, optometrist, advanced practice registered nurse, or a physician assistant.

Storage and Use of **Epinephrine Cartridge Injectors**

A school nurse or, in the absence of a school nurse, a “qualified school employee” shall maintain epinephrine ~~in cartridge injectors~~ for the purpose of emergency first aid to students who experience allergic reactions, who were not previously known to have serious allergies and therefore do not have a prior written authorization of a parent/guardian or a prior written order of a qualified medical professional for the administration of epinephrine.

Note: ~~Epipens expire yearly. Therefore, schools are responsible for refilling their prescriptions annually. It is estimated that each school would require two to three two-pack epipens.~~ School nurses are responsible for monitoring epinephrine expiration dates and refilling prescriptions in a timely manner to ensure supply is available in the school.

The school nurse or school principal shall select qualified school employees to be trained to administer such epinephrine. There shall be at least one such qualified school employee on the grounds of each District school during regular school hours in the absence of the school nurse. Each school must maintain a store of epipens for such emergency use.

Note: This requirement pertains only during regular school hours and does not include after-school activities.

The school shall fulfill all conditions and procedures promulgated in the regulations established by the State Board of Education for the storage and administration of epinephrine by school personnel to students for the purpose of emergency first aid to students who experience allergic reaction and do not have prior written authorization for epinephrine administration.

The school nurse or, in the absence or unavailability of such school nurse, such qualified school employee may administer epinephrine. A qualified school employee must annually complete the required training program in order to be permitted to administer epinephrine ~~utilizing an epipen.~~

Students

Administering Medication

Storage and Administration of Epinephrine (continued)

Administration of Anti-Epileptic Medications to Students

School Bus Driver Training

The parent/guardian of a student may submit, in writing, to the school nurse and school medical advisor, if any, that epinephrine shall not be administered to his/her child permitted by statute.

The District's School Medical Advisor shall sign off, via his/her standing orders, on this procedure regarding the ~~use of epipens~~ administration of epinephrine by trained qualified school personnel.

Administration of Anti-Epileptic Medications to Students

With the written authorization of a student's parent/guardian, and pursuant to the written order of a physician, a school nurse (and a school medical advisor, if any), shall select and provide general supervision to a qualified school employee, who voluntarily agrees to serve as a qualified school employee, to administer anti-epileptic medication, including by rectal syringe, to a specific student with a medically diagnosed epileptic condition that requires prompt treatment in accordance with the student's individual seizure action plan. Such authorization is limited to situations when the school nurse is absent or unavailable. No qualified school employee shall administer such medication unless he/she annually completes the training program developed by the State Department of Education, in consultation with the School Nurse Advisory Council.

In addition, the school nurse (and school medical advisor, if any), shall attest, in writing, that such qualified school employee has completed the required training. The qualified school employee shall also receive monthly reviews by the school nurse to confirm his/her competency to administer anti-epileptic medication. For purposes of the administration of anti-epileptic medication, a "qualified school employee" means a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the District, coach or school paraprofessional.

School Bus Drivers Training

By June 30, 2019, school transportation carriers must provide training to all school bus drivers, including instruction on (1) identifying the signs and symptoms of anaphylaxis, (2) administering epinephrine by a cartridge injector ("EpiPen"), (3) notifying emergency personnel, and (4) reporting an incident involving a student's life-threatening allergic reaction. Such training can be completed online, provided the online module fulfills legislative requirements.

Beginning July 1, 2019, each carrier must provide the training to school bus drivers (1) following the issuance or renewal of a public passenger endorsement to operate a school bus for carrier employees, and (2) upon the hiring of a school bus driver who is not employed by such carrier (e.g., subcontractor), except a driver who received the training after the most recent issuance or renewal of his or her endorsement is not required to repeat it.

Students

Administering Medication

Opioid Antagonists for Purposes of Emergency First Aid Without Prior Authorization

For purposes of this section, “regular school hours” means the posted hours during which students are required to be in attendance at the individual school on any given day. “Regular school hours” does not include after-school events such as athletics or extracurricular activities that take place outside the posted hours.

For purposes of this section, an “opioid antagonist” means naloxone hydrochloride (e.g., Narcan) or any other similarly acting and equally safe drug that the FDA has approved for the treatment of a drug overdose.

In accordance with Connecticut law and this policy, a school nurse may maintain opioid antagonists for the purpose of administering emergency first aid to students who experience a known or suspected opioid overdose and do not have a prior written authorization of a parent or guardian or a prior written order of a qualified medical professional for the administration of such opioid antagonist.

- (a) The school nurse, in consultation with the Board’s medical advisor, shall determine the supply of opioid antagonists that shall be maintained in the individual school.
- (b) In determining the appropriate supply of opioid antagonists, the nurse may consider, among other things, the number of students regularly in the school building during the regular school day and the size of the physical building.
- (c) The school nurse shall be responsible for the safe storage of opioid antagonists maintained in a school and shall ensure any supply of opioid antagonists maintained is stored in a secure manner, in accordance with the manufacturer’s instructions, and in a location where it can be obtained in a timely manner if administration is necessary.
- (d) The school nurse shall be responsible for maintaining an inventory of opioid antagonists maintained in the school, tracking the date(s) of expiration of the supply of opioid antagonists maintained in a school, and, as appropriate, refreshing the supply of opioid antagonists maintained in the school.

Administration of Opioid Antagonists

A school nurse shall be approved to administer opioid antagonists for the purpose of emergency first aid, as described above, in the event of a known or suspected opioid overdose, in accordance with this policy and provided that such nurse has completed a training program in the distribution and administration of an opioid antagonist developed by the State Department of Education, Department of Consumer Protection, and Department of Public Health.

Students

Administering Medication

Opioid Antagonists for Purposes of Emergency First Aid Without Prior Authorization

Administration of Opioid Antagonists (continued)

The school nurse or school principal shall select principal(s), teacher(s), licensed athletic trainer(s), coach(es), paraeducator(s), and/or licensed physical or occupational therapist(s) employed by the Board to maintain and administer the opioid antagonists for the purpose of emergency first aid as described above, in the absence of the school nurse.

- (a) More than one individual must be selected by the school nurse or school principal for such maintenance and administration in the absence of the school nurse.
- (b) The selected personnel, before administering an opioid antagonist pursuant to this section, must complete a training program in the distribution and administration of an opioid antagonist developed by the State Department of Education, Department of Consumer Protection, and Department of Public Health.
- (c) All school personnel shall be notified of the identity of qualified school employees authorized to administer an opioid antagonist in the absence of the school nurse.

Either the school nurse or, in the absence of the school nurse, at least one of the selected and trained personnel as described above, shall be on the grounds of each school during regular school hours.

- (a) The school principal, in consultation with the school nurse supervisor, shall determine the level of nursing services and number of selected and trained personnel necessary to ensure that a nurse or selected and trained personnel is present on the grounds of each school during regular school hours.
- (b) If the school nurse, or a substitute school nurse, is absent or must leave school grounds during regular school hours, the school nurse, school administrator or designee shall use an effective and reasonable means of communication to notify one or more qualified school employees and other staff in the school that the selected and trained personnel identified above shall be responsible for the emergency administration of opioid antagonists.
- (c) If a Board employee becomes aware of a student experiencing a known or suspected opioid overdose on school grounds but outside of regular school hours and/or the school nurse or other qualified school employee is not available to administer opioid antagonists for the purpose of emergency first aid, the Board employee will call 9-1-1.

Students

Administering Medication

Administration of Opioid Antagonists (continued)

Following the emergency administration of an opioid antagonist by a school nurse or selected and trained personnel as identified in this policy:

- (a) Immediately following the emergency administration of an opioid antagonist by a school nurse or selected and trained personnel as identified in this section, the person administering the opioid antagonist must call 911.
- (b) Such emergency administration shall be reported immediately to:
 - (i) The school nurse or school medical advisor, if any, by the personnel who administered the opioid antagonist;
 - (ii) The Superintendent of Schools; and
 - (iii) The student's parent or guardian.
- (c) A medication administration record shall be:
 - (i) Created by the school nurse or submitted to the school nurse by the personnel who administered the opioid antagonist, as soon as possible, but no later than the next school day; and
 - (ii) filed in or summarized on the student's cumulative health record, in accordance with Section F of this policy.

The parent or guardian of any student may submit, in writing, to the school nurse or school medical advisor, if any, that opioid antagonists shall not be administered to such student pursuant to this section.

- (a) The school nurse shall notify selected and trained personnel of the students whose parents or guardians have refused emergency administration of opioid antagonists.
- (b) The Board shall annually notify parents or guardians of the need to provide such written notice of refusal.

In the event that any provisions of this Section conflict with regulations adopted by the Connecticut State Department of Education concerning the use, storage and administration of opioid antagonists in schools, the Department's regulations shall control.

Secure Box Storage of Opioid Antagonists

The District may also maintain intranasally or orally administered opioid antagonists in a secure box, pursuant to an agreement with a prescriber or pharmacist that permits the District to install on the District's premises a secure box. For the purposes of this section, a "secure box" means a container that (A) is securely affixed in a public location, (B) can be accessed by individuals for public use, (C) is temperature controlled or stored in an environment with temperature controls,

Students

Administering Medication

Secure Box Storage of Opioid Antagonists (continued)

(D) is tamper-resistant, (E) is equipped with an alarm capable of detecting and transmitting a signal when accessed by individuals, and (F) is equipped with an alarm capable of alerting first responders when accessed by individuals, unless equipping the container with such an alarm is commercially impracticable. Such agreement shall address the environmental controls necessary to store such opioid antagonist, establish procedures for replenishment of such opioid antagonist, and establish a process for monitoring the expiration dates of such opioid antagonist and disposing of any expired opioid antagonist. The secure box shall not contain an opioid antagonist in an amount greater than the amount necessary to serve the community in which it is installed. The secure box may also contain an automatic external defibrillator or other products used to treat a medical emergency. The District shall post signage disclosing the presence of such opioid antagonists and usage directions for such opioid antagonist, in the language or languages spoken in the community in which the secure box is installed. If the District is unable to maintain the secure box, or the supplies necessary to maintain the secure box are unavailable, the District shall remove such secure box, and all signs required under this policy concerning such secure box, as soon as practicable but in no event later than five days after the District discovers that it is unable to maintain such secure box or the supplies necessary to maintain such secure box.

The administration and storage of opioid antagonists pursuant to this policy must be effected in accordance with this policy and procedures regarding the acquisition, maintenance, and administration established by the Superintendent in consultation with the Board's medical advisor.

(cf. 4112.5/[4212.5](#) – Security Check/Fingerprinting)
 (cf. [5141](#) – Student Health Services)
 (cf. 5141.23 – Students with Special Health Care Needs)

Legal Reference: Connecticut General Statutes

[10-206](#) Health Assessment

[10-212](#) School nurses and nurse practitioners. Administration of medications by parents or guardians on school grounds. Criminal history; records check.

[10-212a](#) Administration of medications in schools. (as amended by PA 99-2, and June Special Session and PA 03-211, PA 04-181, PA 07-241, PA 07-252, PA 09-155, PA 12-198, PA 14-176, PA 15-215 and PA 18-185)

[10-212c](#) Life-threatening food allergies and glycogen storage disease: Guidelines; district plans. (as amended by PA 18-185)

[10-220j](#) Blood glucose self-testing by children. Guidelines. (as amended by PA 12-198)

[19a-900](#) Use of cartridge injector by staff member of before- or after-school program, day camp or day care facility.

Students

Administering Medication

Legal Reference (continued)

[21a-240](#) Definitions.

[29-17a](#) Criminal history checks. Procedure. Fees.

[52-557b](#) Immunity from liability for emergency medical assistance first aid or medication by injection. School personnel not required to administer or render. (as amended by PA 05-144, An Act Concerning the Emergency Use of Cartridge Injectors and PA 18-185)

Connecticut Regulations of State Agencies [10-212a-1](#) through [10-212a-10](#), inclusive.

Code of Federal Regulations: Title 21 Part 1307.2.

[20-12d](#) Medical functions performed by physician assistants. Prescription authority.

[20-94a](#) Licensure as advanced practice registered nurse.

[29-17a](#) Criminal history checks. Procedure. Fees.

PA 18-185 An Act Concerning the Recommendations of the Task Force on Life-Threatening Food Allergies in Schools

Policy adopted: November 17, 2011
Policy revised: December 6, 2012
Policy revised: December 17, 2015
Policy revised: March 7, 2019
Policy revised:

NEW FAIRFIELD PUBLIC SCHOOLS
New Fairfield, Connecticut

Students

Administering Medication to Students

Regular School Day

The Board of Education (Board) allows students to self-administer medication and qualified personnel for schools to administer medication to students in accordance with the following established procedures. These procedures shall be reviewed and/or revised and approved by the School Medical Advisor, the school nurse and the Board of Education. The District's School Medical Advisor (or other qualified physician) will approve this policy, its regulations and any changes prior to submission to the Board of Education for its approval.

The administration of medication includes the activities of handling, storing, preparing or pouring of medication, conveying it to the student according to the medication order, observing the student inhale, apply, swallow, or self-inject the medication, when applicable; documenting that the medication was administered; and counting remaining doses to verify proper administration and use of the medication.

A student who is required to receive medication or wants to take aspirin, ibuprofen, or an aspirin substitute containing acetaminophen during school hours must provide:

1. The authorized prescriber's (physician, dentist, optometrist, advanced practice registered nurse, or physician assistant; and a podiatrist in the case of interscholastic or intramural athletic events) orders for medication or aspirin, ibuprofen, or an aspirin substitute containing acetaminophen on a school district form which specifies the student's name, condition for which the drug is being administered, name of drug and method of administration and dosage of drug. For students receiving medicine the time of administration and duration of the order, side effects to be observed (if any) and management of such effects, and student allergies to food and/or medicine is also required on the form. This medical order must be renewed yearly if a student is to be administered medication by school personnel.
2. Written authorization from his or her parent or guardian allowing school personnel to administer said medication. This authorization shall be renewed yearly and shall include parental consent for school personnel to destroy said medication if not repossessed by the parent or guardian within a seven (7) day period of notification by school authorities.
3. The medication must have its original correct label from the pharmacy or manufacturer.

Students who are able to self-administer medication may do so provided:

1. An authorized prescriber provides a written order for self-administration of said medication.
2. There is written authorization for self-administration of medication from the student's parent or guardian.
3. The school nurse has evaluated the situation and deemed it to be safe and appropriate; has documented this on the student's cumulative health record, and has developed a plan for general supervision.

Students

Administering Medication to Students

Regular School Day (continued)

4. The student and school nurse have developed a plan for reporting and supervision of self-administration and notification of teachers.
5. The principal and appropriate teachers are informed that the student is self-administering prescribed medication.
6. Such medication is transported to the school and maintained under the student's control within these guidelines.

In addition, the Board permits those students who have a verified chronic medical condition and are deemed capable to self-administer prescribed emergency medication, including rescue asthma inhalers and ~~cartridge injectors~~ epinephrine for medically-diagnosed allergies, to self-administer such medications and may permit such students to self-administer other medications, excluding controlled drugs, as defined in Connecticut General Statute [21a-240](#). Such students must provide:

1. An authorized prescriber's written medication order including the recommendation for self-administration; and
2. A written authorization for self-administration of medication from the student's parent or guardian.

Further, the school nurse shall assess the student's competency for self-administration in the school setting and deem it to be safe and appropriate, including that a student:

1. is capable of identifying and selecting the appropriate medication by size, color, amount, or other label identification;
2. knows the frequency and time of day for which the medication is ordered;
3. can identify the presenting symptoms that require medication;
4. administers the medication properly;
5. maintains safe control of the medication at all times;
6. seeks adult supervision whenever warranted; and
7. cooperates with the established medication plan.

In the case of inhalers for asthma and ~~cartridge injectors~~ epinephrine for medically-diagnosed allergies, the school nurse's review of a student's competency to self-administer inhalers for asthma and ~~cartridge injectors~~ epinephrine for medically-diagnosed allergies in the school setting shall not be used to prevent a student from retaining and self-administering inhalers for asthma and cartridge injectors for medically-diagnosed allergies. Students may self-administer such medications only with the written authorization of an authorized prescriber and written authorization from the student's parent or guardian or eligible student.

Students

Administering Medication to Students

Regular School Day (continued)

The school nurse is responsible for:

1. Reviewing the medication order and parental authorizations;
2. Developing an appropriate plan for self-administration;
3. Documenting the medication plan in the student's or participant's health record; and
4. Informing qualified personnel for schools and other staff regarding the student's self-administration of prescribed medication.

The medication shall be transported to school by the student and maintained under the student's control in accordance with the District's policy on self-medication by students and the individual student plan.

Self-administration of controlled medication may be considered for extraordinary situations such as international field trips. Such self-administration must be approved by the school nurse supervisor and the School Medical Advisor in advance and an appropriate plan shall be developed.

Medication may be administered by a licensed nurse, or in absence of such licensed personnel, any other nurse licensed pursuant to the provisions of Chapter 378, including a nurse employed by, or providing services under the direction of the Board of Education at a school-based clinic, qualified personnel for schools (principals, teachers, licensed physical or occupational therapists and coaches and licensed athletic trainers during intramural and/or interscholastic athletics) trained in the administration of medication. They shall not be held liable for any personal injuries which may result from acts or omissions constituting ordinary negligence.

A licensed practical nurse may administer medications to students if he/she can demonstrate evidence of one of the following:

1. Training in administration of medications as part of their basic nursing program;
2. Successful completion of a pharmacology course and subsequent supervised experience;
3. Supervised experience in medication administration while employed in a health care facility.

Licensed practical nurses shall **not** train or delegate the administration of medication to another individual. Such nurses shall only administer medications after the medication plan has been established by the school nurse or registered nurse.

Medication will be administered according to the following procedures:

1. The school nurse will develop a medication administration plan for each student before medication may be administered by any staff member. The school nurse will also review regularly all documentation pertaining to the administration of medication for students.

Students

Administering Medication to Students

Regular School Day (continued)

2. The qualified personnel for schools approved by the School Medical Advisor and school nurse will be formally trained by the school nurse or School Medical Advisor prior to administering medication. The school nurse, acting as designee and under the direction of the School Medical Advisor, will annually instruct such staff members in the administration of medication. The training shall include, but not be limited to:
 - A. The generic principles of safe administration of medications.
 - B. Review of state statute and school regulations regarding administration of medication by school personnel.
 - C. Procedural aspects of the administration of medication, including the safe handling and storage of medication, and documentation.
 - D. Specific information related to each student's medication and each student's medication plan including the Brand name and generic name of the medication, indications for medication, dosage, routes, time and frequency of administration, therapeutic effects of the medication, potential side effects, overdose or missed dose of the medication, and when to implement emergency interventions.

3. A list of qualified personnel successfully trained and approved to administer medication along with documentation of the annual update of trainees shall be submitted to the Superintendent by the nursing supervisor on October 31 of each year. All such individuals including school nurses and nurse practitioners must have also satisfactorily passed the criminal background check. The documentation shall include the dates of general and student-specific training, the content of the training, individuals who have successfully completed general and student-specific administration of medication training for the current school year, and names and credentials of the nurse or School Medical Advisor trainer or trainers.

4. A current list of those authorized to give medication shall be maintained in the school.

A child with diabetes may test his/her own blood glucose level per the written order of a physician or advanced practice nurse stating the need and the capacity of such child to conduct self-testing, along with the written authorization of the parent/guardian. Such self-testing shall be pursuant to guidelines promulgated by the Commissioner of Education.

The school nurse or school principal shall select a qualified school employee to, under certain conditions, ~~give a glucagon injection~~ **utilize equipment to administer glucagon** to a student with diabetes who may require prompt treatment to protect him/her from serious harm or death. The nurse or principal must have the written authority from the student's parent/guardian and a written order from the student's Connecticut-licensed physician. The authorization shall be limited to situations when the school nurse is absent or unavailable. No qualified school employee shall administer this medication unless he/she has annually completed any training required by the school nurse and school medical advisor in the administration of medication with ~~injectable~~ equipment used to administer glucagon, the school nurse and school medical advisor must attest that the qualified school employee has completed such training and the qualified school employee voluntarily agrees to serve as a qualified school employee. The ~~injections~~

Students

Administering Medication to Students

Regular School Day (continued)

medications are to be given through an injector or ~~injectable~~ other equipment used to deliver an appropriate dose of glucagon as emergency first aid response to diabetes.

A specific paraprofessional, in the absence of a school nurse, may only administer medications to a specific student in order to protect that student from harm or death due to a medically diagnosed allergic condition according to the following:

- A. only with the approval of the School Medical Advisor and school nurse, in conjunction with the school nurse supervisor, and under the supervision of the school nurse;
- B. with a proper medication authorization from the authorized prescriber in conformity with Connecticut General Statute [10-212a](#);
- C. with parental/guardian permission to administer the medication at school;
- D. only medication necessary for prompt treatment of an allergic reaction, including, but not limited to, ~~a cartridge injector~~ **epinephrine**, and
- E. the paraprofessional shall have received proper training and supervision from the school nurse as detailed in Section [10-212a-3](#) and Section [10-212a-7](#) of the Regulations of Connecticut State Agencies.

Note: The use of a paraprofessional to administer medications, as described above, is not mandated by law or regulation. Such use is subject to Board of Education approval.

Storage and Administration of Epinephrine

Definitions (For purposes of this subsection of this policy)

Carrier means any school district, educational institution, or person, firm or corporation under contract to the district engaged in the business of transporting students (CGS [14-212\(2\)](#))

~~**Cartridge injector** means an automatic pre-filled cartridge injector or similar automatic injectable equipment used to deliver epinephrine in a standard dose for emergency first aid response to allergic reactions.~~

Epinephrine means an automatic pre-filled cartridge injector or similar automatic injectable equipment, a nasal spray, or any other medical equipment approved by the United States Food and Drug Administration that is used to deliver epinephrine in a standard dose for emergency first aid response to allergic reactions.

Qualified school employee means a school nurse, principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the school district, coach or school paraprofessional.

Qualified medical professional means a licensed physician, optometrist, advanced practice registered nurse, or a physician assistant.

Students

Administering Medication to Students (continued)

Storage and Use of Epinephrine

Definitions (For purposes of this subsection of this policy)

School bus driver means any person holding a commercial driver's license with a public passenger endorsement to operate a school bus pursuant to subsection (a) of CGS [14-44](#))

Storage and Use of Epinephrine ~~Cartridge Injectors~~

A school nurse or, in the absence of a school nurse, a "qualified school employee" shall maintain epinephrine ~~in cartridge injectors~~ for the purpose of emergency first aid to students who experience allergic reactions, who were not previously known to have serious allergies and therefore do not have a prior written authorization of a parent/guardian or a prior written order of a qualified medical professional for the administration of epinephrine.

Note: ~~Epipens expire yearly. Therefore, schools are responsible for refilling their prescriptions annually. It is estimated that each school would require two to three two-pack epipens.~~ School nurses are responsible for monitoring epinephrine expiration dates and refilling prescriptions in a timely manner to ensure supply is available in the school.

The school nurse or school principal shall select qualified school employees to be trained to administer such epinephrine. There shall be at least one such qualified school employee on the grounds of each District school during regular school hours in the absence of the school nurse. Each school must maintain a store of ~~epipens~~ epinephrine for such emergency use.

Note: This requirement pertains only during regular school hours and does not include after-school activities.

The school shall fulfill all conditions and procedures promulgated in the regulations established by the State Board of Education for the storage and administration of epinephrine by school personnel to students for the purpose of emergency first aid to students who experience allergic reaction and do not have prior written authorization for epinephrine administration.

The school nurse or, in the absence or unavailability of such school nurse, such qualified school employee may administer epinephrine. A qualified school employee must annually complete the required training program in order to be permitted to administer epinephrine ~~utilizing an epipen.~~

The parent/guardian of a student may submit, in writing, to the school nurse and school medical advisor, if any, that epinephrine shall not be administered to his/her child permitted by statute.

- (a) The school nurse shall notify selected and trained personnel of the students whose parents or guardians have refused emergency administration of epinephrine.
- (b) The Board shall annually notify parents or guardians of the need to provide such written notice.

The District's School Medical Advisor shall sign off, via his/her standing orders, on this procedure regarding the use of epipens by trained qualified school personnel.

Students

Administering Medication to Students

Handling and Storage of Medications

All medication, except those approved for keeping by students for self-medication, must be delivered by the parent or other responsible adult and shall be received by the nurse assigned to the school or, in the absence of such nurse, by other qualified personnel for schools trained in the administration of medication and assigned to the school. The school nurse must:

- A. Examine on site any new medication, medication order and parent/guardian authorization to insure that it shall be properly labeled with dates, name of student, medication name, dosage and physician's name, and that the medication order and permission form are complete and appropriate.
- B. Develop an administration of medication plan for the student before any medication is given by qualified personnel for schools.
- C. Review all medication refills with the medication order and parent/guardian written authorization prior to the administration of medication.
- D. Except as indicated by a student's emergency care plan, emergency medications shall be stored in an unlocked, clearly labeled and readily accessible cabinet or container during school hours under the supervision of the nurse or the principal or principal's designee trained in the administration of medication.
- E. Emergency medications shall be locked beyond the regular school day or program hours except as otherwise determined by a student emergency care plan.
- F. Record on the Student's Individual Medication Record the date the medication is delivered and the amount of medication received.
- G. Store medication requiring refrigeration in a refrigerator at no less than 36 degrees Fahrenheit and no more than 46 degrees Fahrenheit. The refrigerator shall be located in a health office maintained for health service purposes with limited access. Non-controlled medications may be stored directly on the shelf of the refrigerator with no further protection needed. Controlled medications shall be stored in a locked box affixed to the refrigerator shelf.
- H. Store prescribed medicinal preparations in securely locked storage compartment. Controlled substances shall be contained in separate compartments, secured and locked at all times. At least two sets of keys for the medication containers or cabinets shall be maintained for each school building or before- and after-school programs and school readiness programs. The school nurse shall maintain one set of keys. The additional set shall be under the direct control of the Principal and, if necessary, the Program Director or lead teacher trained in the administration of medication shall also have a set of keys.

All medication, except those approved for keeping by students for self-medication, shall be kept in a designated locked container, cabinet or closet used exclusively for the storage of medication.

Students

Administering Medication to Students

Handling and Storage of Medications (continued)

In the case of controlled substances, they shall be stored separately from other drugs and substances in a separate, secure, substantially constructed, locked metal or wood cabinet.

No more than a three-month supply of a medication for a student shall be stored at the school. All medications, prescriptions and non-prescription, shall be delivered and stored in their original containers and in such a manner as to render them safe and effective. No medication for a student shall be stored at a school without a current written order from an authorized prescriber.

Access to all stored medications shall be limited to persons authorized to administer medications. Each school or before- and after-school program and school readiness program shall maintain a current list of those persons authorized to administer medications.

Destruction/Disposal of Medication

At the end of the school year or whenever a student's medication is discontinued by the authorized prescriber, the parent or guardian is to be contacted and requested to repossess the unused medication within a seven (7) school day period. If the parent/guardian does not comply with this request, all medication (non-controlled drugs) is to be destroyed by the school nurse in the presence of at least one witness (school physician, principal, teacher) according to the following procedures:

1. Medication will be destroyed in a non-recoverable fashion. (*Procedure below recommended by Connecticut Department of Environmental Protection, Office of Pollution Prevention.*)

A. Keep the medication in its original container.

- To protect privacy and discourage misuse of the prescription, cross out the patient's name with a permanent marker or duct tape or remove the label. (Chemotherapy drugs may require special handling. Work with your healthcare provider on proper disposal options for this type of medication.)

B. Modify the medications to discourage consumption.

- For solid medications: such as pills or capsules: add a small amount of water to at least partially dissolve them.
- For liquid medications: add enough table salt, flour, charcoal, or nontoxic powdered spice, such as turmeric or mustard to make a pungent, unsightly mixture that discourages anyone from eating it.
- For blister packs: wrap the blister packages containing pills in multiple layers of duct or other opaque tape.

Students

Administering Medication to Students

Destruction/Disposal of Medication (continued)

C. Seal and conceal.

- Tape the medication container lid shut with packing or duct tape.
- Place it inside a non-transparent bag or container such as an empty yogurt or margarine tub to ensure that the contents cannot be seen.
- **Do not** conceal medicines in food products because animals could inadvertently consume them.

D. Discard the container in your trash can.

E. Schools that want to dispose of controlled substances should call the Drug Control Division of the CT Department of Consumer Protection for assistance at 860-713-6055.

2. The following information is to be charted on the student's health folder and signed by the school nurse and witness:
 - A. Date of destruction.
 - B. Time of destruction.
 - C. Name, strength, form and quantity of medication destroyed.
 - D. Manner of destruction of medication.
3. Controlled substances shall not be destroyed by the school nurse. Controlled substances shall be destroyed pursuant to Section [21a-262-3](#) of the Regulations of the Connecticut State Agencies. In the event that any controlled substance remains unclaimed, the school nurse or Supervisor of Nursing shall contact the Connecticut Commissioner of Consumer Protection to arrange for proper disposition. Destruction may also be conducted by a Connecticut licensed pharmacist in the presence of another pharmacist acting as a witness.
4. Any accidental destruction or loss of controlled drugs must be verified in the presence of a second person, including confirmation of the presence or absence of residue and jointly documented on the student medication administration record and on a medication error form pursuant to Connecticut General Statute [10-212a\(b\)](#). If no residue is present notification must be made to the Department of Consumer Protection (DEP) pursuant to Section [21a-262-3](#) of the Regulations of Connecticut State Agencies.
5. The completed medication administration record for non-controlled medications may be destroyed in accordance with Section M8 of the Connecticut Municipality Retention Schedule, provided it is superseded by a summary on the student health record.

Students

Administering Medication to Students

Documentation and Record Keeping

Record keeping of medication administration shall either be in ink and shall not be altered or shall be recorded electronically, in a record that cannot be altered, on the individual student's medication record form which, along with the parental authorization form and the authorized prescriber's order, becomes part of the student's permanent record. Records shall be made available to the Connecticut State Department of Education upon request, for review until destroyed pursuant to C.G.S. [11-8a](#) and C.G.S. [10-212a\(b\)](#) for controlled medications.

Each school readiness or before- and after-school program where medications are administered shall maintain an individual medication administration record for each student who receives medication during regular school or program hours. A medication administration record shall include the:

- A. Name of the student;
- B. Name of medication;
- C. Dosage of medication;
- D. Route of administration;
- E. Frequency of administration;
- F. Name of the authorized prescriber, or in the case of aspirin, ibuprofen, or an aspirin substitute containing acetaminophen being given to a student, the name of the parent or guardian requesting the medication to be given;
- G. Dates for initiating and terminating the administration of the medication, including extended year programs;
- H. Quantity received which shall be verified by the adult delivering the medication;
- I. Student allergies to food and/or medicine;
- J. Date and time of administration or omission including reason for omission;
- K. Dose or amount of drug administered;
- L. Full written or electronic signature of the nurse or qualified personnel for schools administering the medication; and
- M. For controlled medications, a medication count which shall be conducted and documented at least once a week and co-signed by the assigned nurse and a witness.

The completed medication administration record for controlled medications shall be maintained in the same manner as the non-controlled medications. In addition, a separate medication administration record needs to be maintained in the school for three years, pursuant to Connecticut General Statute [10-212a\(b\)](#).

The written order of the authorized prescriber, the written authorization of the parent or guardian to administer the medication and the written parental/guardian permission for the exchange of information by the prescriber and school nurse to ensure the safe administration of such medication shall be filed in the student's cumulative health record or, for before- and after-school programs and school readiness programs, in the child's program record.

Students

Administering Medication to Students

Documentation and Record Keeping (continued)

Record of the medication administered shall be entered in ink on an individual student medication record form and filed in the student's cumulative health folder. If the student is absent, it shall be so recorded. If an error is made in recording, a single line shall be run through the error and initialed.

An authorized prescriber's verbal order, including a telephone order, for a change in any medication may be received only by a school nurse. Such verbal order must be followed by a faxed written order from the prescriber's office phone within three (3) hours.

1. An error in the administration of medication shall be reported to the school nurse who will initiate appropriate action and documentation in a student incident report and on his/her cumulative record.
2. Untoward reactions to medication shall be reported to the school nurse, the parent, and the student's physician.
3. Records of controlled substances shall be entered in the same manner as other medications with the following additions:
 - A. The amount of controlled drug shall be counted and recorded on the individual student medication record form after each dose given.
 - B. A true copy (carbon or NCR) of the forms shall be retained by the school for 3 years and the original filed in the student's permanent health record.
 - C. Loss, theft or destruction of controlled substances shall be immediately, upon discovery, reported to the Supervisor of Nursing Services who will contact the Connecticut Commissioner of Consumer Protection.

In the absence of a licensed nurse, only qualified personnel for schools who have been properly trained may administer medication to students. Qualified personnel for schools may administer oral, topical, intranasal, inhalant or cartridge injector medications. Medications with a ~~cartridge injector~~ ~~injector(s)~~ epinephrine may be administered by qualified personnel only to a student presenting with an allergic condition which may require prompt treatment to protect the student against serious harm or death.

Investigational drugs may not be administered by qualified personnel for schools.

In the case of the administration of a medication with a ~~cartridge injector~~ epinephrine in an after-school readiness program or child-care program, such administration shall be reported to the school nurse no later than the next school day.

Students

Administering Medication to Students

Medication Errors

Whenever any error in medication administration occurs, the following procedures shall apply:

- A. the person making the error in medication administration shall immediately implement the medication emergency procedures in this regulation if necessary, and shall immediately notify the school nurse and the Principal (if the Principal was not the person who made the error);
- B. the school nurse shall immediately notify the authorized prescriber or the School Medical Advisor, and the student's parent or guardian. In a severe emergency, 911 should be called. Contact the Poison Control Center as deemed necessary.
- C. the Principal shall notify the Superintendent or the Superintendent's designee, advising of the nature of the error and all steps taken or being taken to rectify the error, including contact with the authorized prescriber and/or any other medical action(s). (An incident report form is to be sent to the Superintendent or his/her designee.)

A report shall be completed using the authorized accident/incident report form.

Any error in the administration of medication shall be documented in the student's cumulative health record.

Administration of Emergency Medication under Connecticut General Statute [10-212a](#)

In the absence of a school nurse, any other nurse licensed pursuant to provisions of Chapter 378 including a nurse providing services at a school-based health clinic, qualified personnel for schools may give emergency medication orally or by injection to students with a medically diagnosed allergic condition which would require such prompt treatment to protect the child from serious harm or death so long as the administrator or teacher has completed training in administration or such medication.

Whenever a student has an untoward reaction to administration of a medication, resolution of the reaction to protect the student's health and safety shall be the foremost priority. The school nurse and the authorized prescriber shall be notified immediately, or as soon as possible in light of any emergency medical care that must be given to the student.

Emergency medical care to resolve a medication emergency includes but is not limited to the following, as appropriate under the circumstances or: *(in the event of a medication emergency, the following will be readily available:)*

- A. The use of the 911 emergency response system;
- B. The contact of a local poison information center;
- C. The physician, clinic or emergency room to be contacted in such an emergency;
- D. The name of the person responsible for the decision-making in the absence of the school nurse;

Students

Administering Medication to Students

Administration of Emergency Medication under Connecticut General Statute [10-212a](#) (continued)

- E. The application by properly trained and/or certified personnel of appropriate emergency medical care techniques, such as cardio-pulmonary resuscitation;
- F. Administration of emergency medication in accordance with policy #[5141.21](#) and this administrative regulation; and
- G. Transporting the student to the nearest available emergency medical care facility that is capable of responding to a medication emergency.

As soon as possible, in light of the circumstances, the Principal shall be notified of the medication emergency. The Principal shall immediately thereafter contact the Superintendent or the Superintendent's designee.

The school nurse is responsible for notifying the parent or guardian, advising of the existence and nature of the medication emergency and all steps taken or being taken to resolve the emergency and protect the health and safety of the student, including contact with the authorized prescriber and/or any other medical action(s) that are being or have been taken.

Supervision

The school nurse is responsible for general supervision of administration of medications in the school(s) to which that nurse is assigned. The school nurse's duty of general supervision includes, but is not limited to the following:

1. Availability on a regularly scheduled basis to:

- a. review orders or changes in orders, and communicate these to personnel designated to administer medication for appropriate follow-up;
- b. set up a plan and schedule to ensure medications are given;
- c. provide training to qualified personnel for schools and other licensed nursing in the administration of medications, and assess that the qualified personnel for schools are competent to administer medications;
- d. support and assist other licensed nursing personnel and qualified personnel for schools to prepare for and implement their responsibilities related to the administration of specific medications during school hours; and,
- e. provide consultation by telephone or other means of telecommunications. (In the absence of the school nurse, an authorized prescriber or other nurse may provide this consultation.)

2. In addition, the school nurse shall be responsible for:

- a. implementing policies and procedures regarding the receipt, storage, and administration of medications;
- b. reviewing, on a monthly basis, all documentation pertaining to the administration of medications for students;

Students

Administering Medication to Students

Administration of Emergency Medication under Connecticut General Statute [10-212a](#) (continued)

Before- and After-School Programs and School Readiness Programs

- c. observing the competency to administer medication by qualified personnel for schools; and
- d. conducting periodic reviews, as needed, with licensed nursing personnel and qualified personnel for schools, regarding the needs of any student receiving medication.

Before- and After-School Programs and School Readiness Programs

Directors, or their designees, who may include lead teachers or school administrators, who have been properly trained, may administer medications to students as delegated by the school nurse or other registered nurse, in school readiness programs and before- and after-school programs that are child care programs. (Such programs must either be District-administered or administered by a municipality exempt from licensure by the Department of Public Health and are located in a District public school). Medicine may be administered pursuant to the Regulations of Connecticut State Agencies, Section [10-212a-10](#), to children enrolled in these programs.

Administration of medications shall be provided only when it is medically necessary for program participants to access the program and maintain their health status while attending the program. Investigational drugs or research or study medications may not be administered by Directors or their designees, lead teachers or school administrators. Properly trained Directors, Directors' designees, lead teachers or school administrators may administer medications to students as delegated by the school nurse or other registered nurse. They may administer oral, topical, intranasal, or inhalant medications. No medication shall be administered without the written order of an authorized prescriber and the written approval of the parent/guardian.

A child attending any before- or after-school program, as defined in policy [#5141.21](#), upon the request and with the written authorization of the child's parent/guardian and pursuant to the written order from the student's authorized prescriber, will be provided medication and supervised by the District staff member (Director or designee, lead teacher, school administrator) trained to administer medication with a cartridge injector **epinephrine**. Such administration shall be to a particular student who is medically diagnosed with an allergy that may require prompt treatment to avoid serious harm or death.

The selected staff member shall be trained in the use of a cartridge injector **epinephrine** by either a licensed physician, physician's assistant, advanced practice registered nurse or registered nurse.

The administration has determined, in cooperation with the School Medical Advisor and school nurse supervisor, the level of nursing services that is/is not required on site based on the needs of the program and its participants.

Students

Administering Medication to Students

Before- and After-School Programs and School Readiness Programs (continued)

Administration of Medication During Intramural and Interscholastic Athletics

A child attending any before- and after-school programs or school readiness programs operated and administered by the Board or municipality in any building or on the grounds of any District school, upon the request and with the written authorization of the child's parent/guardian or eligible student and pursuant to the written order from the student's authorized prescriber, will be supervised by a District staff member trained to administer medication with ~~a cartridge injector~~ epinephrine. Such administration shall be to a particular student diagnosed with an allergy that may require prompt treatment to avoid serious harm or death. The selected staff member shall be trained in the use of ~~a cartridge injector~~ epinephrine by either a licensed physician, physician's assistant, advanced practice registered nurse or registered nurse.

Supervision of the administration of medication in before- and after-school and school readiness programs shall be pursuant to the "Supervision" section of these administrative bylaws.

Administration of Medication During Intramural and Interscholastic Athletics

A coach or licensed athletic trainer, trained in the general principles of medication administration applicable to receiving, storing, and assisting with inhalant medications or ~~cartridge injector~~ epinephrine medications and documentation, may administer medication for select students, according to the student's individualized medication plan, for whom self-administration plans are not viable options as determined by the school nurse.

The medication which may be administered is limited to: (1) inhalant medications prescribed to treat respiratory conditions and (2) epinephrine medication ~~administered with a cartridge injector~~ for students with a medically diagnosed allergic condition which may require prompt treatment to protect the student against serious harm or death.

The school nurse, responsible for the student's individualized medication plan, shall provide the coach with a copy of the authorized prescriber's order and the parental/guardian permission form. Parents are responsible for providing the coach or licensed athletic trainer the medication, such as the inhaler or ~~cartridge injector~~ epinephrine, which shall be kept separate from the medication stored in the school health office during the school day.

Medications to be used in athletic events shall be stored in containers for the exclusive use of holding medications; in locations that preserve the integrity of the medication; under the general supervision of the coach or licensed athletic trainer trained in the administration of medication; and in a locked secure cabinet when not in use at athletic events.

The coach or licensed athletic trainer's agreement is necessary for the administration of emergency medication and the implementation of the student's emergency care plan.

Coaches and licensed athletic trainers are required to fulfill the documentation requirements as outlined in these administrative regulations. A separate medication administration record for each student shall be maintained in the athletic area. Errors in the administration of medication

Students

Administering Medication to Students

Administration of Medication During Intramural and Interscholastic Athletics (continued)

shall be addressed as specified in Section [10-212a-6](#) of the Regulations of Connecticut State Agencies, and detailed in these administrative regulations. If the school nurse is not available, a report may be submitted by the coach or licensed athletic trainer to the school nurse on the next school day.

An administration of medication record shall be submitted to the school nurse at the end of each sport season and filed in the student's cumulative health record.

Legal Reference: Connecticut General Statutes

[10-206](#) Health assessment

[10-212](#) School nurses and nurse practitioners. Administration of medications by parents or guardians on school grounds. Criminal history; records check

[10-212a](#) Administration of medicines by school personnel. (as amended by P.A. 03-211, PA 04-181 PA 09-155, PA 14-176 and PA 18-185)

[19a-900](#) Use of cartridge injector by staff member of before- or after-school program, day camp or day care facility

[21a-240](#) Definitions

[29-17a](#) Criminal history checks. Procedure. Fees

[52-557b](#) Immunity from liability for emergency medical assistance first aid or medication by injection. School personnel not required to administer or render.

Students

Administering Medication to Students

Legal Reference: (as amended by PA 05-144 – An Act Concerning the Emergency Use of Cartridge Injectors)

Connecticut Regulations of State Agencies

[10-212a-1](#) through [10-212a-10](#) Administration of Medication by School Personnel and Administration of Medication During Before- and After-School Programs and School Readiness Programs

1307.21 Code of Federal Regulation

PA 18-185 An Act Concerning the Recommendations of the Task Force on Life-Threatening Food Allergies in Schools

Regulation adopted: November 17, 2011
Regulation revised: December 6, 2012
Regulation revised: December 17, 2015
Regulation revised: March 7, 2019
Regulation revised:

NEW FAIRFIELD PUBLIC SCHOOLS
New Fairfield, Connecticut

School District: _____ School: _____ Grade: _____

Authorization for the Administration of Medicine by Authorized School Personnel

Connecticut State Law and Regulations 10-212(a) require a written medication order of an authorized prescriber, (physician, dentist, advanced practice registered nurse or physician's assistant) and parent/guardian written authorization, for the nurse, or in the absence of the nurse, qualified personnel for schools to administer medication. Medications must be in the original properly labeled container and dispensed by a physician/pharmacist.

Authorized Prescriber's Authorization

Name of Student: _____ Date of Birth: _____

Address: _____

Condition for which drug is being administered: _____

Drug name: _____ Dose: _____ Route: _____

Time of Administration: _____ If PRN, specify criteria: ____

Relevant side effects: None expected Specify: _____

Allergies: No Yes (specify): _____

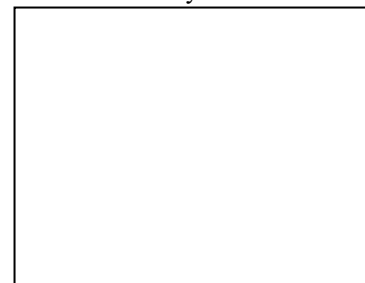
Medication shall be administered from: _____ to _____
Month/Day/Year Month/Day/Year

Authorized Prescriber's Name/Title: _____
(Type or Print)

Telephone: _____ Fax: _____

Address: _____

Authorized Prescriber's
Signature: _____ Date: _____



Use for Authorized Prescriber's Stamp

Parent/Guardian Authorization

I hereby request that the above ordered medication be administered by school personnel. I understand that I must supply the school with no more than a three (3) month supply of medication. I understand that this medication will be destroyed if not picked within one (1) week following termination of the order or the last day of school, whichever comes first.

Parent/Guardian Signature: _____ Date: _____

Parent's/Guardian's Home Phone #: _____ Work #: _____

Self-Administration of Medication Authorization/Approval - *Self-administration of medication may be authorized by the authorized prescriber and parent/guardian and must be approved by the school nurse in accordance with Board policy. Students will be allowed to self administer medications only when the health problem could be life threatening.*

Authorized prescriber's authorization for self-administration: Yes No _____
Signature Date

Parent/Guardian authorization for self-administration: Yes No _____
Signature Date

School nurse approval for self-administration: Yes No _____
Signature Date

MEDICATION ERROR OR INCIDENT REPORT

Date or Report: _____ School: _____ Prepared by: _____

Name of Student: _____ Grade: _____

Home Address: _____ Phone: _____

Date error occurred: _____ Time noted: _____

Person Administering Medication: _____

Authorized Prescriber: _____

Reason medication was prescribed: _____

Date of Order: _____ Instructions for Administration: _____

Medication(s)	Dose	Route	Scheduled Time	Dispensing Pharmacy	Prescription Number

Describe the error and how it occurred (use reverse side if necessary)

Action Taken: *(by school nurse)*

Prescribing practitioner notified: Yes No Date _____ Time _____

School Medical Advisor notified: Yes No Date _____ Time _____

School Principal notified: Yes No Date _____ Time _____

Superintendent of Schools notified (by Principal): Yes No Date _____ Time _____

Parent/Guardian notified: Yes No Date _____ Time _____

Outcome: _____

Name: _____

Print or Type

Signature

Title

Date

Note: Any error in the administration of medication shall be documented in the student's cumulative health record, or for before- and after-school programs and school readiness programs in the child's program record.

Record of Training of Qualified Personnel for Schools in the Administration of Medicines**

School Building

Responsible School Nurse/School Medical Advisor

Date	Name Qualified Personnel for Schools	Generic Principles of Safe Administration of Medications *	Review of State Statute & School Regulations Regarding Administration of Medication by Qualified School Personnel *	Procedural Safe Handling and Documentation Storage *	Aspects Recording *	Specific Student Needs* (including name or generic name of medication, indications for medication, dosage, routes, time & frequency of administration, therapeutic effects of the medication, overdose, missed dose.)	Medication Idiosyncrasies *	Desired Effects *	Potential Side Effects Untoward Reactions, When to Implement Emergency Interventions *

***Directions: Check (x) when completed.**

** Qualified Personnel for Schools means (a) a full time employee as a principal, teacher, occupational therapist, or physical therapist who has been trained in the administration of medication pursuant to Section 10-212a-3 of the State regulations; (b) a coach and licensed athletic trainer trained in the administration of medication pursuant to Section 10-212a-8 of the State regulations; (c) a paraprofessional who has been trained in the administration of medication pursuant to Section 10-212a-9 of the State regulations. For school readiness programs and before- and after-school programs, directors, director's designee, lead teacher and school administrators trained in the administration of medication pursuant to Section 10-212a-10 of the State regulation.

NEW FAIRFIELD PUBLIC SCHOOLS
New Fairfield, Connecticut

HIPAA-Compliant Authorization for Exchange of Health & Education Information

Patient/Student Name: _____ Date of Birth: _____

I hereby authorize _____ [insert health care provider name & title]
and

_____ [insert address & telephone of school/school district]

_____ [insert address & telephone of health care provider]

Description:

The health information to be disclosed consists of:

The education information to be disclosed consists of:

Purpose: This information will be used for the following purpose(s):

- Educational evaluation and program planning
- Health assessment and planning for health care services and treatment in school
- Medical evaluation and treatment
- Other: _____

Authorization

This authorization is valid for one calendar year. It will expire on _____ [insert date]. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I recognize that health records, once received by the school district, may not be protected by the HIPAA Privacy Rule, but will become education records protected by the Family Educational Rights and Privacy Act. I also understand that if I refuse to sign, such refusal will not interfere with my child's ability to obtain health care.

Parent Signature: _____ Date: _____

Student Signature*: _____ Date: _____

* If a minor student is authorized to consent to health care without parental consent under federal or state law, only the student shall sign this authorization form. In Connecticut, a competent minor, depending on age, can consent to outpatient mental health care, alcohol and drug abuse treatment, testing for HIV/AIDS, and reproductive health care services.

Copies: Parent or student*
Physician or other health care provider releasing the protected health information
School official requesting/receiving the protected health information

5141.21
FORM #8
(continued)

NAME: _____

DATE	HEALTH PROBLEM / NURSING DIAGNOSIS	STUDENT OBJECTIVES	INTERVENTION AND RESPONSIBLE PERSON	EVALUATION AND TIMELINE

Adapted from Hartford Public Schools for use in Connecticut Department of Education Guidelines for Students with Special Health Care Needs.

Connecticut Statewide School Health Services Report

Report of Epinephrine* Administration

Please mail or fax form to: Stephanie Knutson, Connecticut State Department of Education, 25 Industrial Park Road,
Middletown, CT 06457 Fax number: (860) 807-2127

School District: _____ Name of School: _____

Public Non Public

Student/Staff DOB: _____ Gender: M F Ethnicity: Spanish/Hispanic/Latino:
Yes No

Race: American Indian/Alaskan Native African American Asian Native Hawaiian/other Pacific Islander White

Diagnosis/History of Asthma: Yes No History of Anaphylaxis: Yes No Previous Epinephrine
Use: Yes No

Incident:

Date/Time of occurrence: _____ Known allergen(s): _____

Trigger that precipitated this allergic episode: _____

Symptoms: _____

Location of individual when symptoms developed: _____

Location of individual when Epinephrine administered: _____

Location of Epinephrine storage: _____

Epinephrine administered by: RN Other If other, please specify: _____

If other than an RN, was this person formally trained? Yes No Date of training: _____

If epinephrine was self-administered by an individual at school or a school-sponsored function, did the individual follow school
protocols to notify school personnel and activate EMS? Yes No NA

Approximate time between onset of symptoms and administration of Epinephrine: _____

Was Epinephrine administered under a patient specific order for a particular student? Yes No

Does school district have non-patient specific standing orders/protocols in place for Anaphylaxis? Yes No

Individual Health Care Plan (IHCP) in place? Yes No School Physician notified? Yes No

Written school district policy on management of life-threatening allergies in place? Yes No

Disposition:

Transferred to ER: Yes No Discharged after ____ hours Biphasic reaction: Yes No
Unknown

Hospitalized: Yes No Discharged after ____ days

Outcome:

Recommendations for changes/improvements to current policy or procedures: _____ Debriefing meeting? Yes No

Form completed by: _____ Date: _____

(please print)

Title: _____ Phone number: _____

Address: _____

*EpiPen®, or EpiPen® Jr. or Twinject™

**NEW FAIRFIELD PUBLIC SCHOOLS
NEW FAIRFIELD, CT**

GIFTS AND DONATIONS

This form must be completed and submitted for all in-kind and monetary donations to a school or the district. Donations valued at \$1,000 or more require BOE approval before acceptance of the donation or depositing of funds. A letter of acceptance will be sent by the appropriate staff member with a copy to the superintendent's office.

DATE: March 4, 2026

SCHOOL: New Fairfield High School

TYPE OF DONATION AND QUANTITY: Monetary - \$ 1,500

CONDITION/AGE OF ITEM DONATED: N/A

DONOR: Nicole Vengalli Foundation % New Fairfield High School PTO

SCHOOL'S PLAN FOR USE OF ITEM(S): Purchase of patio furniture

APPROXIMATE VALUE: \$ 1,500

The approximate value denoted above has been supplied by the donor. The New Fairfield Public Schools does not attest to the accuracy of this value. It is the donor's responsibility for documentation to support this valuation for tax or any other purposes.