

Policy Subcommittee Meeting

Wednesday, March 25, 2026 *6 p.m. *Please note change in the start time of the meeting.

Meeting Access: Policy Subcommittee (3/25/26 at 6:00 p.m.) Web:
<https://zoom.us/j/95067154402> Dial In: (929) 205-6099 Meeting ID: 950 6715 4402, 3 Brush Hill Road, New Fairfield, CT 06812

I. CALL TO ORDER

II. APPROVAL OF MINUTES

II.A. February 25, 2026 - Regular

III. INFORMATION / ACTION ITEMS

III.A. Policy 5112.01 – Kindergarten Enrollment and Early Entry Waiver (2026-2027)

III.B. Policy 5141.21 Administering Medication

IV. OTHER

V. ADJOURNMENT

BOARD OF EDUCATION, NEW FAIRFIELD, CT
Policy Subcommittee Meeting

Name of Subcommittee: Policy

Meeting type: Regular

Date of Meeting: 2/25/26

Place of Meeting: Zoom

Members present: Kathy Baker, Amy Johnson, Kimberly LaTourette, Samantha Mannion

Members absent:

Other attendees: Ken Craw, Kris Woleck, James D'Amico, Scott Rohwedder, Karen Gruetzner, Dr. Jennifer Hilderbrand, Paul Gouveia, Ed Sbordone

Minutes submitted by: Kim LaTourette

Meeting Access: Policy Subcommittee (2/25/26 at 7:00 p.m.) Web:

<https://zoom.us/j/97339257721> Dial In: (929) 205-6099 Meeting ID: 973 3925 7721

The meeting was called to order at 7:01 p.m.

II. APPROVAL OF MINUTES

A. January 28, 2026 - Regular

Motion: To approve the minutes of January 28, 2026, as presented

Made by: Kathy Baker

Seconded by: Kim LaTourette

Recording of Vote: All in favor

III. INFORMATION/ACTION ITEMS

A. Policy 5131.81 – Electronic Devices - Dr. Craw shared that a representative from each school would speak and share a presentation tonight. This is an update on what has been done this year and what we are looking for during the next school year. Dr. Woleck shared a presentation with the committee. We will discuss cell phones as well as personal devices, like laptops. There was a brief review of our policy for cell phones at each level. Dr. Hilderbrand shared an update from the elementary school. They have seen minimal offenses; the students have been great. Many of their offenses are with apple watches. Mrs. Gruetzner shared an update concerning the MS. This has been successful because of the consistent implementation from the staff. They are seeing more compliance this year than last year. They are also promoting this at some of their events as well, like the spring dance. Mr. D'Amico and Mr. Rohwedder increased the enforcement of the device-free classrooms. They are down to 87 referrals this year as opposed to the 369 when this was first put in place last November. The students like having some flexibility to use their cell phones to communicate with family members and coaches. We may need to address the use during study halls.

1. Cell Phone Update - These notes were listed in the above item.

2. Bring Your Own Device (BYOD) Update - Paul Gouveia spoke about the challenges with some HS students bringing their own device. They pretty much have access to their phones on their laptop. There are also issues with data protection and AI use. Some students are using other tools that are not approved by the district and providing them with a different experience than students with a school issued device. Budget wise, we are able to provide each student with a school issued device. Samantha asked if we will be able to continue doing that in the future. Right now, we replace them in 3rd, 6th, and 9th grades so they carry them for a few years. Then we are able to use them for parts as well if needed. We also have high-end devices in the labs for students to use. Another issue we meet is having students ready for standardized testing. The HS admin has been discussing communication that will go home to families and students. It will be a change for some of them; however, the educational and security needs are priority. We do not think there will need to be a change to the policy, the student handbook at the HS may need to be updated, and communication clear to families and students, but this will be managed.

IV. OTHER - none

V. ADJOURNMENT

Motion to adjourn: Made by: Samantha Mannion

Recording of vote: All in favor

Seconded by: Kim LaTourette

Meeting adjourned at: 7:41 p.m.

This model “transition” policy is designed to reflect the requirements of Public Act 23-208, as amended, and the transition for the 2026-2027 school year. It balances the state’s mandatory age cutoff with the district’s discretionary authority to provide a waiver through the required assessment process. Boards of Education that choose to allow waivers for the 2026-2027 school year are required to have a policy allowing such waivers.

Students

Kindergarten Enrollment and Early Entry Waiver (2026-2027)

I. Purpose

In accordance with the Connecticut General Assembly’s **March 2026 Emergency Legislation, §§26-27** and **Public Act 23-208**, this policy establishes the age requirements for enrollment in kindergarten and the specific, time-bound “transitional” waiver process available to families for the 2026-2027 academic school year.

The New Fairfield Board of Education adopts the following procedures for the 2026-2027 school year.

II. Eligibility for “Automatic” Enrollment

To be eligible for kindergarten, a child must have reached the age of five (5) on or before September 1.

Transitional Waiver (2026-2027)

The District recognizes that the shift in the state-mandated cutoff date (from January 1 to September 1) may place a hardship on families. Therefore, for the 2026-2027 school year, the District shall provide a waiver process for children who turn five between September 2, 2026, and December 31, 2026.

Note: A waiver is not a guarantee of enrollment; it is a request for an exception based on a determination of developmental readiness. However, students transferring to the District from other Connecticut districts and have been assessed in accordance with state requirements and subsequently granted a waiver for the 2026-2027 school year, shall be granted a waiver for the same academic year.

Waiver Application Requirements

To apply for a waiver, parents or guardians must complete the following steps:

1. **Written Request:** Submit a formal “Request for Kindergarten Waiver” to the Principal of the child’s assigned school. This request must be submitted no later than (insert District Deadline, e.g., May 1, 2026).
2. **Parental Questionnaire:** Complete a developmental history and social-emotional snapshot of the child to provide context for the school’s assessment.
3. **Mandatory Assessment:** Under state law, once a written request is received, the District shall conduct an assessment of the child. The child will be invited to a school-based screening where a certified staff member (e.g., kindergarten teacher, school psychologist, or early childhood specialist) will evaluate:
 - a. Social and emotional maturity
 - b. Communication and language skills
 - c. Physical and cognitive development

Students

Kindergarten Enrollment and Early Entry Waiver (2026-2027)

Waiver Application Requirements (continued)

Determination

The Principal, in consultation with the assessment team, shall issue a written decision to the family. The decision of the Principal and the certified staff regarding whether early entry is “developmentally appropriate” is final and not subject to further appeal to the Board of Education.

Sunset of “Transitional” Waiver

- **Effective Dates:** This policy applies to the 2026-2027 enrollment cycle.
- **Expiration:** The “transitional” waiver option described herein shall expire on (Insert Date, e.g., June 30, 2027). Future enrollment cycles shall be governed by the standing Board Policy on kindergarten admissions, which may be more restrictive as the state’s transition period concludes.

Legal References: Connecticut General Statutes
10-15c
Public Act 23-208 An Act Making Certain Revisions to the Education Statutes
2026 Emergency Legislation (SB 298), §§ 26 & 27 – Kindergarten Waivers

Kindergarten Waiver

Board of Education Curriculum Subcommittee
New Fairfield Public Schools
March 23, 2026



Kindergarten Waiver: NFPS Board of Education Policy 5112

5112

Students

Ages of Attendance/Admissions/Placement

The New Fairfield Board of Education (the "Board") complies with its legal obligation to cause each child five years of age and over and under eighteen years of age who is not a high school graduate and is residing within the Board's jurisdiction to attend school in accordance with Connecticut General Statutes § 10-184.

Effective July 1, 2024, the New Fairfield Public Schools (the "District") shall be open to resident children five years of age and over who reach age five on or before the first day of September of any school year. For children who will not reach the age of five on or before the first day of September of the school year, the child's parent or guardian may submit a written request to the principal of the school seeking early admission to the District. Upon receipt of such written request, the principal and an appropriate certified staff member shall assess such child to determine whether admitting the child is developmentally appropriate. For decisions relating to early admission to the District, the decision of the principal and appropriate certified staff shall be final.

The Superintendent or designee shall be responsible for developing administrative regulations in furtherance of this policy. Such regulations shall identify procedures for the receipt and processing of requests for early admission to the District and for assessing whether early admission of a child is developmentally appropriate. The Early Admission Process shall be available only for a child who will reach the age of five on or after September 2 and before January 1 of the school year.

Kindergarten Waiver: Context & Timeline

Under current Connecticut law (Public Act 23-208), the mandatory age for kindergarten enrollment is five years old on or before September 1. While a waiver process has existed since 2024 to allow children turning five between September 2 and December 31 to seek early entry, new emergency legislation passed last week (SB 298) has established a “hard stop” for this practice.

The **Transition Timeline** is as follows:

School Year	Waiver Status	Requirement
2025-2026	Mandatory	Districts <i>must</i> assess any child with a late birthday upon the parent's request.
2026-2027	Optional	Districts <i>only</i> provide waivers if the local Board chooses to adopt an early admission policy. (CABE MODEL KINDERGARTEN ENROLLMENT AND EARLY ENTRY POLICY 5112.01)
2027-2028+	Banned	No waivers allowed; all children must be 5 by Sept 1. No exceptions.

NFES Kindergarten Waiver Information Sheet

Parents seeking a Kindergarten waiver for their child with a birthdate between September 2, 2021 - December 31, 2021, must complete the Kindergarten Pre-registration form.

All requests for a Kindergarten Waiver must be submitted by March 1.

About the Kindergarten Waiver Process

The Kindergarten Waiver provides for an early admission assessment process. **The purpose of the assessment process is to determine if starting kindergarten early is developmentally appropriate for your child.** Parents / guardians should understand that participation in the kindergarten waiver and assessment process **does not guarantee** admission to kindergarten.

Early Admission Assessment and Timeline

The Mini-K dates listed below will be used for the assessment of children whose parents/guardians have requested a Kindergarten waiver. You must sign your child up for one Mini K session date and time.

March 25, April 1, April 8

During the Mini K visit, your child will have the opportunity to interact with our kindergarten teachers, curriculum specialists, elementary administrators, and ELC Supervisor in an early childhood classroom setting. Together, this team will observe for skills that indicate kindergarten readiness based on the [Connecticut Early Learning and Development Standards \(CT ELDS\)](#). The Assessment Team will also obtain information from the parent or guardian as part of the process.

Communication to Families

The NFES assessment team's final determination of your child's readiness for kindergarten will be based on a holistic review across social-emotional, physical, and academic domains. The Assessment Team will communicate to parents / guardians regarding the outcome of the process and waiver request by **April 10th**.

Indicators of Kindergarten Readiness

We encourage parents/guardians requesting a Kindergarten waiver to review the indicators below, along with the corresponding resources from the [Connecticut Early Learning and Development Standards \(CT ELDS\)](#) (or, [Spanish version](#)), for insights into the key developmental milestones that will guide the assessment team's decision.



*What children, birth to five,
should know and be able to do*



The Connecticut Early Learning and Development Standards were developed to help families, communities, and early care and education programs work together to support children's early learning and growth.

Kindergarten Early Entry: Domains and Decision Guidance

Math	___ / 5	Literacy	___ / 5	Fine Motor	___ / 6	Social and Emotional	___ / 8
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☐ Indicators for kindergarten readiness in each domain, grounded in CT ELDS

Language	___ / 5	School-Based Recommendation:	___ / 29	Early K Entry:	Yes / No
		___ at least 5 Social/Emotional	___ at least 2 in all other categories	___ 14 or more total	

☐ Decision Guidance considers a holistic assessment of the child, weighting social-emotional readiness indicators

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

INDIVIDUALIZED HEALTH CARE PLAN

Name: _____ DOB: _____ Sex: _____ Allergies: _____ Physician: _____

Relevant Diagnosis(es): _____

Diet: _____ Mobility: _____ Equipment: _____

Medical History: _____

Medication/Treatment: _____

Signature: _____ (Parent) Signature: _____ (Student) Signature: _____ (School Nurse)

HEALTH CARE GOAL

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

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™