



Fairbanks North Star Borough School District

FAIRBANKS NORTH STAR BOROUGH SCHOOL DISTRICT
520 Fifth Ave. Fairbanks, Alaska 99701 (907) 452-2000

PARENTAL REQUEST TO TRAIN UNLICENSED SCHOOL STAFF TO ADMINISTER NON-DELEGABLE MEDICATION

Student _____ Birthdate _____ Grade _____

Parent/Guardian _____ Phone _____

Background. All students attending public schools must have access to health care during the school day and for school sponsored activities, if necessary, to enable the student to participate fully in the school program. The federal laws include the Americans with Disabilities Act, Individuals with Disabilities Education Act (IDEA), and Section 504 of the Rehabilitation Act of 1973.

The Alaska Board of Nursing does not authorize registered nurses to delegate certain medications to unlicensed Assistance personnel. Examples include but are not limited to: injectable medications, medications via gastrostomy tube and "as needed" controlled substances. However, parental delegation of these medications, when a school nurse is not available to administer them, is allowed in 12 AAC 44.975, Exclusions (2) under "other legal authority." In an Alaska Board of Nursing advisory opinion dated 4-- 2-- 12, the *Medication Administration in the School Setting Delegation Decision Tree* was adopted as a plan to allow parents to delegate to school staff with nurse involvement in training and follow up. The trained school staff must provide care for the student consistent with the Individualized Healthcare Plan (IHP) prepared by the nurse based on healthcare provider instructions and parent input.

Parent Authorization

I, the parent/legal guardian, understand that in the absence of the school nurse, other trained school staff will administer this medication.

I will notify the school immediately if the medication is changed and understand that the nurse may contact the health care provider or pharmacist regarding this medication.

As a parent or guardian of _____, I hereby acknowledge that I have read and understand this form and agree to its content.

I will train the unlicensed school staff named below to give medication to my child.

I authorize the school nurse to train unlicensed school staff, using a standardized curriculum and my child's individual health care plan, to administer the medication(s) to my child.

I authorize training and administration of _____ to my child.
name of medication(s)

Parent signature

Date