



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

**PARENT ACKNOWLEDGMENT OF MEDICATION ADMINISTRATION
BY TRAINED UNLICENSED SCHOOL STAFF**

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 assistive 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 04/02/2012, 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 Acknowledgement

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.

The medication to be administered to my child is _____
name of medication(s)

Please check all that apply

- I hereby request that an appropriate staff person be trained to assist with medication administration for my student.
- I would like to participate in the training.
- I do not need to be present for the training.

I authorize a trained unlicensed school staff to administer medication to my child in the absence of a school nurse.

Parent Signature _____ Date _____