

### **UNCSA High School Medication Policy**

UNCSA has adopted the following medication policy in compliance with North Carolina State Law and the North Carolina Board of Nursing regulations to ensure the health and safety of students who need to take medications while attending UNCSA.

Our medication policy is intended to prioritize the safety of students at UNCSA. The purpose of this policy is to:

- Assist the student with compliance in taking medications.
- Prevent and control loss and theft of medications.
- Prevent abuse/misuse of medications.
- Ensure proper administration of medications in accordance with state laws and professional standards.
- Ensure proper disposal of medications after a medication has been discontinued, the student transfers/withdraws, or the semester has concluded.

All residential high school students at UNCSA must report all prescription medications to the Wellness Center utilizing the Authorization for Medication Administration Form (**Appendix 1**) prior to the start of each semester. Students must also report any new prescription medications or changes to existing medications during the school year to the Wellness Center staff. The Authorization for Medication Administration Form (Appendix 1) needs to be signed by the parent or guardian at the beginning of the school year and every time there is a change in medication during the school year (including dose changes or new prescriptions). Forms must be submitted through UNCSA's Health Portal. Failure to report medications or to notify the Wellness Center staff of any changes may result in disciplinary action. UNCSA and its employees assume no liability for complications or side effects of medication when administered in accordance with the instructions provided by the parent/guardian and the prescriber.

In order to keep our students safe and meet state regulations, we cannot accept medications that are not packaged in prescribed blister packs through a pharmacy. We will not accept medication that has not been packaged/prepared by a pharmacist. The medication must be in the original container (blister packs packaged and provided by a pharmacy) and must contain the student's full name, date of birth, name of medication, instructions for administration, date dispensed and expiration date.

We require that students use one of our preferred pharmacies (Triad Choice Pharmacy or Prevo Drug) for preparation, dispensing, and delivery of students' medication. Triad Choice Pharmacy or Prevo Drug will fill and deliver the medication monthly so it can be distributed to students daily. Medications will be kept in a locked and secured cabinet once they are delivered to UNCSA.

**Triad Choice Pharmacy**

658 Waughtown St.  
Winston Salem, NC, 27107  
Phone: 336-893-6286  
Fax: 336-893-6288

**Prevo Drug**

363 Sunset Avenue  
Asheboro, NC, 27203  
Phone: 336-625-4311  
Fax: 336-625-1966

If unable to use Prevo Drug or Triad Choice due to insurance coverage issues or other factors the parent/guardian takes full responsibility to find a local pharmacy that can blister pack all the medications and deliver them to the Wellness Center for distribution. A waiver will need to be signed (**Appendix 2**). The Wellness Center staff is not permitted to package or repackage medication for students in compliance with state laws. We cannot administer any prescription medications (daily or as needed) that have not been packaged as outlined in this policy.

Examples of medications that require daily dispensing and prepackaging are:

- Antidepressants (ex: Zoloft, Prozac, Lexapro, Wellbutrin, Buspar, etc)
- Antipsychotics (ex: Risperdal, Seroquel, Abilify, etc)
- Anxiolytics (ex: Ativan, Xanax, Klonopin, etc)
- Mood stabilizers (ex: Lamictal, Depakote, Tegretol, etc)
- Stimulants (ex: Ritalin, Adderall, Concerta, Vyvanse, etc)
- Chronic medications in which adherence is imperative (ex: seizure medications, antiretrovirals, etc)
- Opioid/controlled pain medications (ex: oxycodone, hydrocodone, tramadol, etc)
- Prescription as needed medications (ex: hydroxyzine, rizatriptan, etc)

Students are responsible for their own course of treatment by picking up their medication daily from a centralized location and taking it as directed. It is not the responsibility of UNCSA and their staff to remind the students to take the medication. Parents should check in with their child regularly to ensure that they are taking their medication as prescribed. UNCSA staff will notify the parents via email if their child has not picked up their medication for 2 consecutive days. If this becomes a recurrent issue staff from the Wellness Center and/or high school will reach out to schedule a meeting with the student and parents to discuss the appropriate next steps.

Misuse, abuse, selling, or giving prescribed medications to others is strictly prohibited and is violation of the UNCSA Code of Conduct which may result in disciplinary action up to and including dismissal from UNCSA. UNCSA assumes no responsibility for the use or misuse of such medication.

It is the responsibility of the parents to ensure the medication is packaged as outlined in this policy and delivered to UNCSA in a timely manner and to provide UNCSA with the required forms granting consent for medication administration. Parents are also responsible for ensuring the medication supply remains adequate throughout the school year as well as requesting refills as needed.

If a medication is discontinued or expired, it will be disposed of according to North Carolina State Law. If a student transfers out of UNCSCA or at the end of the semester, medications will be returned to a parent/guardian or to the student if there is written consent from the parent/guardian to do so. No expired or discontinued medication will be returned to the student or parents in accordance with North Carolina regulations.

Prior to school breaks an email will be sent to parents/guardians requesting approval to send medications home with students for break. Medications will not be sent home with a student if we do not receive approval from their parent/guardian. It is the responsibility of the student to return all medications to the Wellness Center as soon as they return to campus following the break.

### **Non-Prescription Medication**

Students are allowed to keep non-prescription medication in their rooms if it does not exceed a 30-day supply. Please make sure you are aware of what non-prescription medication your student keeps in their room. UNCSCA assumes no responsibility for the use or misuse of such medication. UNCSCA has non-prescription medications available to students such as acetaminophen, ibuprofen, loratadine, diphenhydramine, etc. to use as needed for students in the Wellness Center and at the Connector desk. Please complete the form for authorization for administration of such medications by the Wellness Center and/or High School residential staff (**Appendix 3**).

### **Emergency Medication**

Students at risk of medical emergencies, such as those with diabetes, asthma, seizures, or severe allergies, must have an emergency action care plan developed by a health care provider. Students must provide authorization and instructions from a health care provider as well as written consent from the parent to carry, self-administer and/or for medication to be administered by school personnel while student is at school and/or while in transit to or from school to a school-sponsored event (**Appendix 4**).

If a student is authorized to carry medication for self-administration the medication must be in the original labeled container with the student's name on the label and directions for use.

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**Appendix 1: Authorization for Medication Administration/Distribution Form**

**UNCSA High School – Wellness Center  
 Student Information**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

UNCSA ID (96 #): \_\_\_\_\_ Grade: \_\_\_\_\_

**My student does not take any prescription medication(s) (check box and sign below)**

**Prescriber Information**

*(This section must be completed and signed by a licensed prescriber.)*

<b>Name of medication</b>	<b>Dose</b>	<b>Frequency</b>	<b>Route</b>	<b>Special instructions (if PRN include directions)</b>

**Prescriber name:** \_\_\_\_\_ **Prescriber signature:** \_\_\_\_\_

**Practice Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Authorization**

I request that UNCSA distributes the medication listed above to my child, \_\_\_\_\_, as prescribed. I give permission for my child to receive this medication while at UNCSA and/or during activities related to UNCSA. I understand and agree that:

- Medication must be provided in a container originally labeled by a pharmacist, clearly showing my child’s name, the medication name, dosage, and administration instructions.
- Medication must be provided in pharmacy-prepared blister packs with correct labeling.
- I must notify the Wellness Center immediately of any medication changes.
- UNCSA is not responsible for adverse reactions or loss of medication when it is administered as instructed.

**Parent/Guardian Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Appendix 2: Waiver for Use of Non-Preferred Pharmacy**

**UNCSA High School – Wellness Center  
Preferred Pharmacy Waiver**

**Student Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

Check box below of what applies to your student or complete and sign waiver below:

- My student does not take any prescription medications.**
- My student takes prescription medication(s) and we will use a preferred pharmacy.**

Because we are unable to use the preferred pharmacies (Triad Choice Pharmacy or Prevo Drug), I acknowledge and agree to the following:

1. I am fully responsible for identifying a **pharmacy** capable of preparing and delivering **all medications in blister packs** in compliance with UNCSA policy.
2. I am responsible for ensuring medications are **delivered to the UNCSA Wellness Center** in a timely manner.
3. I understand that UNCSA staff **cannot package or repackage** any prescription medications.
4. I understand that UNCSA **cannot administer** any prescription medication that is not packaged according to policy.
5. I accept full responsibility for any delays or issues arising from the pharmacy I choose.

**Parent/Guardian Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Appendix 3: Authorization for Administration of Over-the-Counter (OTC) Medication for High School Students**  
**UNCSA High School – Wellness Center**

**Student Information**

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**UNCSA ID (96 #):** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Permission to Administer OTC Medications**

Medications may be administered as needed by UNCSA Wellness Center staff and/or High School Residential Life staff acting under medical guidance.

Medication	Yes	No	Medication	Yes	No
Acetaminophen (Tylenol)			Loratadine 10 mg (Claritin)		
Ibuprofen (Advil/Motrin)			Cough drops		
Saline Solution (ophthalmic)			Mucinex (Guaifenesin)		
Loperamide (Imodium) 2 mg			Hydrocortisone 1% cream		
Clotrimazole (Lotrimin)			Zinc Oxide paste		
Diphenhydramine (Benadryl)			Nasal Saline Spray		
Famotidine (Pepcid)			Tums (calcium carbonate)		
Excedrin (acetaminophen/ aspirin/caffeine)			Antibiotic ointment (e.g., Neosporin)		
DayQuil (acetaminophen/phenylephrine/ dextromethorphan/guaifenesin)			Mucinex DM (Guaifenesin/Dextromethorphan)		

**Parental/Guardian Consent**

By providing permission to administer the medications listed above, I understand that I will not be contacted each time a dose is administered as part of routine care for approved indications.

I understand that I **will be contacted** if:

- A condition develops requiring a medication not approved above
- Additional information is needed due to my child’s health history or current condition
- An adverse reaction occurs
- A prescription medication is recommended that requires parental consent

By checking the “YES” box(es) above, I authorize UNCSA Wellness Center Staff and/or High School Residential Life staff, as appropriate, to administer the approved OTC medications to my child on an as-needed basis, in accordance with manufacturer dosing and approved indications.

I agree to notify Student Health Services immediately of any changes to my child’s allergies, intolerances, or medical conditions.

**Parent/Guardian Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Appendix 4: Authorization for Administration of Emergency/Rescue Medications**

**Student Information**

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**School Year:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**My student does not take any emergency/rescue medication (check box and sign below)**

**SECTION 1: TO BE COMPLETED BY HEALTH CARE PROVIDER**

Emergency/Rescue medications (e.g., inhalers, EpiPens, insulin, glucagon) may be carried and self-administered by the student if authorized below.

To maintain the student's health and safety during school hours and school-sponsored activities, it is necessary that the following **emergency/rescue medication** be available and administered as needed. Student may carry and self-administer the medication below (please complete a separate form for each medication).

**Emergency/Rescue Medication:**  Yes (required)

Medication Name: \_\_\_\_\_

Dosage: \_\_\_\_\_ Route: \_\_\_\_\_

**When/Reason to Administer (as needed):**

\_\_\_\_\_

**Special Instructions:**

\_\_\_\_\_

**Attestation:**

The student understands the use of their emergency medication and is able to self-administer appropriately.

Yes  No

Health Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**SECTION 2: TO BE COMPLETED BY PARENT/GUARDIAN**

I request that UNCSA administer the emergency/rescue medication listed above to my child as prescribed and/or allow my child to carry and self-administer the medication as authorized.

I understand and agree that:

- Medication must be provided in the original, pharmacy-labeled or manufacturer's container with the student's name, medication name, dosage, and instructions.
- UNCSA is not responsible for adverse reactions or loss of medication when administered or carried as instructed.

**Parent/Guardian Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_