Medications at School

This fact sheet discusses issues surrounding children who need medication at school. This fact sheet is informational only and is not intended to be legal advice. If your child needs medication at school, you should know that federal law, state law, and school policies may affect your child. If you need help understanding this information, the Disability Law Center can help.

Seven General Guidelines

1. Your child needs a current prescription to receive a prescription medication at school. The school will have forms for you and your child’s health care provider to sign.

2. You must provide the school with any necessary medications in properly labeled containers. Schools do not have to buy any medication for your child.

3. Unless your child has permission to ‘self-carry’ their medication, do not allow them to take it to school. If they carry a medication without permission, your child could get into trouble with the school (or potentially be arrested). In some schools, this can even apply to ‘over-the-counter’ medications. Check your school’s policy.

4. Schools cannot require your child to take medication as a condition of going to school, or as a condition of receiving special education services and/or evaluations. However, if your child needs medication for a potentially life-threatening condition (e.g., diabetes, asthma, etc.) and you fail to provide this medication for your child, the school may be required, as a matter of law, to report this as possible child neglect.

5. Typically, schools do not remind your child to take their medication. Elementary schools usually work together with parents to remind children to take their medication. Junior and senior high schools usually expect children to remember to take their medication on their own. However, if a child requires medication for a disability, schools may be obligated to remind them to take it.

6. Children should NEVER share their medication with others at school. A child who can ‘self-carry’ their medication must understand that they cannot share their medication with any other child. If they share their medication, they likely will get into trouble with the school (or potentially arrested).

7. Your child should not ‘self-carry’ their ‘controlled-substance’ prescription medication for safety reasons. If your child needs to take a prescription medication that is a ‘controlled-substance’ while at school, work with the school to establish a plan for your child to receive their medication from school staff. A child might be at risk if they ‘self-carry’ a medication such as RitalinTM, Loratab™, or OxyContin™ at school. If you question whether your child’s medication is a controlled substance, ask your pharmacist. (Utah Code Section 53A-11-904 also prohibits children from possessing controlled substances at school.)
Rules for Most Children

For most medications, and most children:

Utah law (Utah Code Section 53A-11-601) permits schools to administer medications to children while they are at school if certain conditions are in place:

1. The medication has been prescribed for the child by a licensed health care provider.
2. The health care provider has confirmed that it is medically necessary for the child to receive the medication during school hours.
3. The parents provide the medication to the school in an appropriately labeled container.

**NOTE:** This particular law does not apply to children who require medication as a result of their disability (See Rules for Children with Disabilities).

This law also permits schools to discontinue giving medication to a child if the school notifies the child’s parents in advance that they are going to do so. This applies to most children, however it does not apply if a child needs the medication because of a disability (See Rules for Children with Disabilities).

This law also protects schools from legal liability. If a school gives a medication to a child as directed by the health care provider (using reasonable care), they cannot be held liable if the child has an adverse reaction to the medication. They also cannot be held liable if they discontinue giving a medication to a child after notifying the child’s parents of the discontinuation of the medication.

Rules for Children Diagnosed with Anaphylactic Allergies, Diabetes and Asthma

There are special rules regarding medications for children who have been diagnosed with anaphylactic allergies, diabetes, and asthma. You can find these rules in the following sections.

**For anaphylactic allergies:**

Utah law (Utah Code Section 26-41-104) allows schools to train persons, other than school nurses, to administer an emergency epinephrine auto-injector (Epi-Pen™) to children with anaphylactic allergies.

This law also permits children with anaphylactic allergies to possess and self-administer their own epinephrine auto-injector if certain conditions are met:

1. The parents must authorize the child to ‘self-carry’ their epinephrine auto-injector and acknowledge that they are capable of appropriately using it.
2. The child’s health care provider must provide the school with a written statement that it is medically appropriate for the child to self-administer their epinephrine auto-injector and that they need to be in possession of the epinephrine auto-injector at all times.

All children with anaphylactic allergies likely need a health care plan for school regardless of whether they can ‘self-carry’ their own epinephrine auto-injector. The school needs to understand the child’s condition and be prepared to respond in the event...
of an emergency. If your child is not able to independently use their epinephrine auto-injector safely, you must ask for a health care plan to ensure that an adult at the school will assist your child in an emergency.

For diabetes:
There are two Utah laws that apply to children with diabetes. Utah law (Utah Code Section 53-11-603) allows schools to train persons, other than school nurses, to administer glucagon to children with diabetes. Parents (or guardians) of children with diabetes must provide the school with a form that authorizes the school to administer glucagon to their child. This form can be found at http://www.nebo.edu/pubpolicy/J/JHCD-F4.pdf.

Utah law (Utah Code Section 53A-11-604) allows children who have diabetes to ‘self-carry’ their own diabetes medications and supplies if certain conditions are met:

1. The parents must authorize the child to ‘self-carry’ their diabetes medications and supplies and acknowledge that their child is capable of appropriately using them.

2. The child’s health care provider must provide the school with a written statement that it is medically appropriate for this child to self-administer their diabetes medication and provides the name of the diabetes medication.

All children with diabetes likely need a health care plan for school regardless of whether they can care for their diabetes independently. The school needs to understand the child’s condition and be prepared to respond in an emergency. If your child is NOT able to monitor their diabetes and self-administer their medications safely, you must ask for a health care plan to ensure that an adult at the school will assist your child.

For asthma:
Utah law (Utah Code Section 53A-11-602) allows children who have asthma to ‘self-carry’ and administer their rescue inhalers if certain conditions are met:

1. The parents must authorize the child to ‘self-carry’ their medication and acknowledge that their child is capable of self-administering the medication.

2. The child’s health care provider must provide the school with a written statement that it is medically appropriate for the child to self-administer their asthma medication and provides the name of the asthma medication. The Utah Department of Health has a form for your child’s health care provider to complete and submit to your child’s school at: http://health.utah.gov/asthma/pdfs/schools/AsthmaSchoolForm.pdf.

All children whose asthma is severe enough that they use rescue inhalers likely need a health care plan for school regardless of whether they can care for their asthma independently.

The school needs to understand the child’s condition and be prepared to respond in an emergency. If your child is NOT able to monitor their asthma and self-administer their own inhaler safely, you must ask for a health care plan that insures that an adult at the school will assist the child.
Children who need medication because they have a disability are protected differently under federal law:

Utah law allows schools to stop giving medication to a child after notifying the parents. However, federal law does not permit schools to stop giving medication to a student with a disability who requires medication for that disability. This applies to students who either qualify for special education, or who have Section 504 plans.

If a child requires medication for a disability and Utah law requires that a nurse, or other trained person, administer this medication, the school is obligated to provide the child with access to a nurse, or appropriately trained person, while they are at school so the child can receive their medication.

If a child requires medication for a disability, the school is obligated to remind the child to take their medication.

The Health Insurance Portability and Accountability Act (HIPAA) protects the privacy of your child’s medical records. However, if your child’s school has any medical records regarding your child, the records are no longer protected by HIPAA but instead become protected by the Family Education Rights and Privacy Act (FERPA). FERPA strictly limits the number of people who can see any of your child’s educational records, including your child’s medications. However, people who work with your child may need to know about your child’s medications, especially if your child has any problems associated with the medication, or if your child needs a reminder to take the medication.

If you have further questions regarding your child’s medications at school, or would like more information in general, please contact the Disability Law Center (DLC). Our services are available statewide and free of charge. Materials are also available in alternative formats such as audio, large-print, Braille and Spanish.

Call (800) 662-9080 or visit our office, to speak confidentially with a Short Term Assistance Advocate. Office hours are Monday-Friday, 9:00 AM—4:00 PM.

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