



Testimony on  
**SB 10 – Student Self-Medication**

Before the  
House Committee on Health and Human Services

By Mark Tallman, Assistant Executive Director/Advocacy  
March 16, 2005

Mr. Chairman, Members of the Committee:

Thank you for the opportunity to comment on the issue of student self-medication policies. KASB appears in support of **SB 10**.

**Background.** The issue contained in **SB 10** was passed last session in **SB 304** with a one-year “sunset” provision. At that time, KASB testified that we did not have a formal policy on the issue of requiring schools to allow students to self-administer medication in certain circumstances. However, we believed the language included in section 5 of **SB 304** would be acceptable, particularly because of the liability protection it provided for schools and their employees.

**SB 304** directed school districts to adopt a policy that allows student self-medication, but requires students to meet all requirements set forth in that policy. We believe that gave local school boards broad flexibility in setting appropriate local safeguards.

One of the major services KASB provides to our members is helping school boards draft policies to comply with state and federal requirements, as well as best practices for school management. Following the passage of **SB 304**, KASB legal and policy experts developed a model policy for districts to carry out the requirements of the new law. A copy of our recommended policy is attached. Note that it gives school boards the option of applying this policy to grades 6-12 only, or to grades K-12, as provided by the law. It also indicates that the policy, like the law, will expire on June 30 of this year.

We also presented this issue to our association’s Legislative Committee, which is the first step in developing the policy positions we represent in the Legislature. This Committee recommended support for the concept of student self-medication, providing that it retains appropriate safeguards and liability protection for school districts. This recommendation was adopted overwhelmingly by the KASB Delegate Assembly in December.

**Reasons for Supporting SB 10.** The most important reason for KASB’s support of this bill is it provides liability protection for school district officers and employees for damages resulting from self-administration of medication. Frankly, we think liability concerns are the only reason most school districts would limit student self-medication in the first place.

Second, **SB 10** maintains the ability of local boards to set additional requirements to insure the safety of students and school district employees. However, this local authority may have been limited by Senate Committee amendments on page two, lines 8-9. We support allowing local boards to determine additional requirements for local policy, and would recommend reinstating the words “but shall not be limited to:” that were struck by the Senate Committee.

Third, **SB 10** applies this law to all students in grades K-12, rather than setting a requirement for grades 6-12 and an option for grades K-5. Although our policy does speak to this issue, we know that some districts have been confused about why the Legislature left the option of different grade spans.

**Other comments.** As introduced, **SB 10** extended this legislation for one additional year. The Senate Committee amendments would make this permanent law. Based on our policies, we would support the removal of the “sunset” provision.

Finally, although we understand that **SB 10** was in part drafted to comply with new federal legislation, we have some concerns about subsection (f) on page three, which requires that districts keep back-up medication “at the student’s school in a location to which the student has immediate access in event of an asthma or anaphylaxis emergency.” While the goal of this section is laudable, it raises questions about just how to keep medication both secure from theft or abuse and at the same time “immediately accessible” to students. We suggest this issue might be better addressed at the local level rather than being placed in statute.

Thank you for your consideration.

**JGFGBA    Student Self-Administration of Medications**

**JGFGBA**

As used in this policy medication means a medicine for the treatment of anaphylactic reactions or asthma which is prescribed by a physician licensed to practice medicine and surgery; a certified, advanced registered nurse practitioner who has authority to prescribe drugs; or a licensed physician assistant who has authority to prescribe drugs pursuant to a written protocol with a responsible physician. (Also see JGFGB)

**Student Eligibility**

The self-administration of medication is allowed for students in grades {6-12 or K-12}. To be eligible, a student shall meet all requirements of this policy. Parents/guardians shall submit a written statement from the student's health care provider stating:

- the name and purpose of the medication;
- the prescribed dosage;
- the conditions under which the medication is to be self-administered;
- any additional special circumstances under which the medication is to be administered; and
- the length of time for which the medication is prescribed.

The statement shall also show the student has been instructed on self-administration of the medication and is authorized to do so in school.

**Authorization Required**

The student shall provide written authorization from the student's health care provider and parent or guardian stating the student has been instructed on self-administration of the medication and is authorized to do so in school. The student's parent or guardian shall provide written authorization

for the self-administration of medication. An annual renewal of parental authorization for the self-administration of medication [shall/may] be required.

Employee Immunity

A school district, and its employees and agents, which authorizes the self-administration of medication in compliance with the provisions of this policy, shall not be liable in any action for any injury resulting from the self-administration of medication. The school district shall provide written notification to the parent or guardian of a student that the school and its employees and agents are not liable for any injury resulting from the self-administration of medication.

Waiver of Liability

The parent or guardian of the student shall sign a statement acknowledging that the school incurs no liability for any injury resulting from the self-administration of medication and agreeing to indemnify and hold the school, and its employees and agents, harmless against any claims relating to the self-administration of such medication. The provisions of this policy shall expire on June 30, 2005 (Kansas Law.)

Approved: KASB Recommendation – 6/04

## Permission for Self-Administration of Medication

Name of Student \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Teacher \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Date Started \_\_\_\_\_

Conditions under which the medication is to be given:

\_\_\_\_\_

Any additional circumstances under which the medication is to be given:

\_\_\_\_\_

Length of time medication is to be administered:

\_\_\_\_\_

I hereby give my permission for **(name of student)** to administer the above medication at school as ordered. I understand that it is my responsibility to furnish this medication. I acknowledge that the school incurs no liability for any injury resulting from the self-administration of medication and agree to indemnify and hold the school, and its employees and agents, harmless against any claims relating to the self-administration of such medication.

**My child has been instructed on self-administration of the medication and is authorized to do so in school.**

Signature of Parent or Guardian

\_\_\_\_\_

Date \_\_\_\_\_

Signature of Health Care Provider

\_\_\_\_\_

Date \_\_\_\_\_

Approved: