**Medication Administration Training in the School Setting**

**1) TO BE SIGNED BY Designated MEDICATION Unlicensed Assistive Personnel (UAP) prior to the administration of Designated Medication:**

I have been instructed on administration of medications by the school nurse. I have read and understand the medication; procedures to be attached to this form by delegating nurse. I have practiced administering the following medications with supervision by the school nurse/associate school nurse. (See current Standards of Practice: School Health Services Manual Section on Medications and VT BON Position Statements online).

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_

*Designated Medication UAP*

**I** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **have been instructed on the eight rights of medication administration:**

\_\_ Right child (using 2 forms of verification)

\_\_ Right dose

\_\_ Right medication

\_\_ Right reason

\_\_ Right time

\_\_ Right response

\_\_ Right route (mouth, ears, eyes, skin)

\_\_ Right documentation

Medications or category of medications approved for delegation (list any additional approved medications on the back):

1.

2.

3.

4.

**2) OTHER INSTRUCTIONS:**

**3) TO BE SIGNED BY SCHOOL NURSE/ASSOCIATE SCHOOL NURSE:**

I have observed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ administering the above medication(s) or categories of medications and certify it was done in accordance Vermont State Law (26 V.S.A. § 1572) and Board of Nursing Position Statement: Role of the Nurse in Delegating Nursing Interventions plus Decision Tree (2018).

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

School Nurse/Associate School Nurse

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_