

COMPLETED MEDICATION ADMINISTRATION SKILL COMPETENCY CHECKLIST

School Name: _____ School Year: _____

School Employee Name: _____ Position: _____

Date Competency Completed	Training RN, APRN or Physician Initials	Medication Administration Skill
		Oral medication
		Liquid medication
		Eye Drops or Ointment
		Ear Drops
		Topical Ointment or Creams
		Nasal Spray
		Metered Dose Inhaler (MDI)
		Glucagon Injectable
		Baqsimi (Glucagon) Dry Nasal Spray
		EpiPen Injectable
		Diazepam (Diastat) Rectal Gel
		Clonazepam (Klonopin) Buccal Medication
		Midazolam Nasal Spray
		Nayzilam (midazolam) Nasal Spray
		Narcan Nasal Spray

Supervision of School Personnel Administering Medications

I have provided in-service training and have delegated to _____ to perform medication administration according to KRS 156.502, 702 KAR 1:160, KRS 158.838 and school district policies and procedures. She/he has demonstrated knowledge and understanding of the medication administration policies and procedures and has met the medication administration skill competency requirement as indicated in the above checkboxes.

_____ Date
 Training RN, APRN or Physician Signature

I have been instructed in the school district's medication administration policies and procedures. I consent to perform medication administration according to these policies and procedures and as trained and delegated to me according to KRS 156.502, KRA 258.838 and 702 KAR 1:160. I understand that I am to immediately report to my supervising RN, APRN, or physician, any new orders, change in medication orders, changes in student's health status, or discovery of a medication error and that I cannot re-delegate this task to any other person.

_____ Date
 School Employee

Adapted from: Maryland Department of Health & Mental Health (19). *Guidelines for in-servicing non-medical personnel on medication procedures*. Kentucky Department of Education, 2019.