

## **School Health – Member Roles and Responsibilities**

School Name:		
I. Registered Nurse (R	٧)	
Name	Email	
Select One to describe pers	n listed above.	
On-Site School Nurse (	RN on-site when students are present.)	
	ho delegates medication administration to a Certified Medication cian (CMT) and makes site visits at a minimum of every 45 days.)	
II. Certified Medication	Technician(s)	
certification from the Maryla	proved by the Maryland State Department of Education (MSDE) and d Board of Nursing (MBON). If a school is using a medication technic ler the supervision of a trained delegating nurse.	ian,
Name	Email	

## III. Medication Administration (Child Care, Preschool, Extended Day)

- •An employee who is present whenever children are present and have
- a) completed approved medication administration training approved by MSDE's Office of Child Care OR
- b) a registered nurse or licensed practical nurse OR
- c) a trained certified medication technician with training approved by MSDE and MD Board of Nursing working under the supervision of a delegating nurse

Please provide information below and select which criteria has been met for each.

Name	Email	
a) completed approve	ed medication administration training approved by MSD	DE's Office of Child Care
b) a registered nurse	or licensed practical nurse	
	medication technician with training approved by MSDE supervision of a delegating nurse	and MD Board of Nursing
Name	Email	
a) completed approve	ed medication administration training approved by MSD	E's Office of Child Care
b) a registered nurse	or licensed practical nurse	
•	medication technician with training approved by MSDE supervision of a delegating nurse	and MD Board of Nursing
Name	Email	
a) completed approve	ed medication administration training approved by MSD	E's Office of Child Care
b) a registered nurse	or licensed practical nurse	

c) a trained certified medication technician with training approved by MSDE and MD Board of Nursing

working under the supervision of a delegating nurse