

Parents have the primary responsibility of giving medications to their child at school and may come to school to give medications at any time, after checking in at the school office.

Requests for the administration of medications by school personnel may be made as follows (in accordance with Education Code 22.052):

1. A separate request form is to be completed for each medication, and a new request made for changes in medications or dosages.
2. Only those medications that cannot be given outside school hours will be administered. Most three-times-a-day medicines can be given before and after school. (Prescriptions can be written so that doses are not necessary during school hours. Please discuss this with your doctor.)
3. Elementary students will be given non-prescription, over-the-counter (OTC) medicine by school personnel only with a doctor's prescription. The doctor may sign this medication sheet or send written or faxed instructions for administrations to the school nurse. Elementary school medications are distributed in the health room (or an alternate location at the discretion of the nurse and administration). Please encourage your child to take the responsibility to go to the health room at the prescribed time. Elementary students may carry prescribed emergency medication for anaphylaxis or asthma only with a doctor's order, written parent permission, and student demonstration of appropriate self-administration of the medication with the nurse.
4. Middle school students may, with their parent's permission (doctor's order not required) carry small amounts (no more than a week's supply) of OTC medication for self-administration; this medication must be in the original container labeled with the student's name and may not be shared with other students. Prescribed middle school medications are distributed in the health room/office (or at an alternate location at the discretion of the nurse and administration). Please encourage your child to take the responsibility to go to the health room at the prescribed time. Middle school students may carry prescribed emergency medication for anaphylaxis or asthma only with parent permission.
5. High school students self-carry and self-administer all of their own medications. They may carry only one day's dose of prescription medication, which must be labeled and in the original container.
6. No dietary supplements, herbal remedies, vitamins, performance boosters, essential oils, etc., are allowed on school campuses or at school activities. Any exceptions to this will be as required by the IEP or section 504 plan of a student with disabilities and only after discussion with the student's doctor, parents and school nurse. Any medicine in other than the original container is considered contraband, subjecting the student to disciplinary measures.
7. All medicine must be in the original, properly labeled container, accompanied by this form. Please ask your pharmacist to dispense two labeled bottles of medication: one for home and one for school. Changes in dosages, time, or medication will require a new physician order and parent request form.
8. In accordance with the Nurse Practice Act, Texas Code, Section 217.11, the school nurse has the responsibility and authority to clarify any order or treatment regimen that the nurse has reason to believe is inaccurate, non-efficacious or contraindicated by consulting with the appropriate licensed practitioner. The school nurse also has the right to refuse to administer medications that, in the nurse's professional judgement, are not in the best interest of the student.
9. At the end of the school year, unused medication that has not been picked up by parents/guardians will be discarded.
10. A new prescription and medication permission form is required for every school year.

Request Date		Medicine Start Date		Medicine End Date	
Student's Name				Grade	
Teacher or Team #		Name of Medication			
Condition (or signs/symptoms) for which medication is required.					
Exact dosage in mg, puffs, etc.					
Time(s) to be given at school					
If given on an as-needed basis, indicate shortest intervals between doses		Maximum number of doses per school day			
Precautions/side effects of medication					
Special instructions					
Physician's name		Physicians Phone			
<p>I, the undersigned parent/guardian of _____ (student's name) request the above medication be administered to my child. I also give permission to my child's teacher to administer this same medication as prescribed above on field trips during this school year.</p>					
Parent/Guardian's Signature					
Home Phone		Work or Other Phone			
Physician's Signature *					
Physician's Phone		Physician's Fax			

* A properly labeled prescription container will be accepted as proof of physician's order.