

Medication Policy - Parent Permission

At times, it is necessary for a student to take medication at school. **For the safety of the pupil**, the following procedure has been developed. When a student **must** take medicines at school, the rules given below must be observed.

1. Only medication that cannot be given outside of the school day will be administered at school (i.e. mealtimes, physician designated time, four times a day or greater.)
2. All medications taken at school must be medicine prescribed by a physician or a dentist licensed to practice in the State of Texas.
3. All student medication must be in the **original container** and properly labeled with student's name, name of medication, dosage, and times taken. Medication will not be accepted in any other container. **NO BAGGIES!** Prescriptions more than one year old or expired medications will not be administered at school.
4. All student medication shall be accompanied by a **signed note** from a parent or guardian requesting that the student be allowed to take the medication. **A doctor's note does not take place of parent permission.**
5. All medications must be deposited with the school nurse or in the school office. It is recommended that only a 30-day supply be brought to school. It is strongly suggested that a parent deliver the medication to the clinic and remain to count the medication amount with school personnel. Unused medication may be returned home with a student with written parent permission.
6. All over-the-counter medicines such as cough drops, cough syrups, antihistamines, creams, lotions, sprays, and pain relievers are not allowed at school unless accompanied by (1) a signed written doctor's order giving specific instructions for taking and (2) a parent note.
7. The Nurse Practice Act of Texas requires clarification of 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.

For more detailed information about medicines taken during the school day, refer to the Student Handbook or Board Policy FFAC.

Thank you for your cooperation in this matter.

PARENT REQUEST FOR MEDICATION TO BE TAKEN AT SCHOOL

Please allow _____ ID# _____
Student's name

to take _____ at school at _____
Name of Medicine Time or as needed

I hereby give my permission for the school nurse to consult with the prescribing physician regarding this medication.

List Medication Allergies and/or Food Allergies: _____

Disposal of unused medication: _____ Parent will pick up _____ or
_____ Student may return medication home.

_____ Student may take morning dose of medication at school, if forgotten at home, with parental permission by telephone.

This permission is valid for any physician order change(s) during the current school year and will begin upon signature of this form.

Parent Signature _____ Date _____

Parent Phone Number : _____ Relationship to Student : _____

For OFFICE use only: ☐ Med entered in EMR ☐ Scanned and uploaded ☐ Updated Health Condition ☐ Updated/created IHP