

All medication should be given outside of school hours if possible. Only medication, which is required to enable a student to stay in school, may be dispensed at school. **Medications that are to be given three times a day, can be given at home before school, after school, and at bedtime.**

If necessary, medication may be dispensed at school under the following conditions:

1. All medications must be brought to school by an adult and must be in the original, properly labeled container. The pharmacy can supply two (2) labeled bottles for this purpose for prescription medication. **Medication that is in baggies or unlabeled containers will not be dispensed at school.**
2. Prescription medications such as Ritalin or other controlled substances must be counted and verified by signature.
3. **No medication/prescription or medical procedure will be dispensed or administered at school without a specific written request signed by a parent or legal guardian. This request should be made on the appropriate form (Medication Permit Form) supplied by the District.**
4. Prescription medication in an original, labeled pharmaceutical container with the student's name and dispensing instructions will be administered according to the doctor's orders on that container. No additional physician's signature will be required.
5. **Age appropriate** Non-Prescription medications will be administered per package directions unless orders from physician received and if the Medication Permit Form is signed by a parent or guardian.
6. **Medication shall never be sent with a student on the bus.**
7. Medication must be kept in the nurse's office in a locked cabinet. The only exception is asthma inhalers that have been approved by the physician to be carried by a student and the physician has completed Asthma form.
8. **Medication left at the end of the year will be destroyed unless the parent picks it up. A new medication permit form will be required at the beginning of each school year.**

REQUEST FOR ADMINISTRATION OF MEDICATION AT SCHOOL:

Student: _____ Date/Time: _____

Grade: _____ Teacher: _____

Physician Name: _____ Physician phone: _____ Drug Allergies: _____

Name of Medication: _____

Diagnosis/reason _____

Directions _____

- **I HEREBY REQUEST THAT THE MEDICATION SPECIFIED ABOVE BE ADMINISTERED TO THE ABOVE STUDENT.**
- **Parental consent: I consent to and authorize the health care provider to disclose health information to the school, and for the school to disclose the above information to those within the school district who have a need to know for legitimate educational purposes.**
- **I understand that the District, the Board, and its employees are not liable for damages or injuries resulting from administration of medication to my child in accordance with Texas Education Code 21.905.**

Parent/Guardian _____ Date _____

**REQUIRED FOR ALL ASTHMA INHALERS/ANAPHYLAXIS/DIABETIC MEDICATIONS
CARRIED BY STUDENTS:**

Diagnosis: _____ Medication: _____

Physician Signature: _____ Date/Time: _____

Pills Initially Recvd: _____ **Nurse/Parent Initial** ____ / ____ **Date/Time:** _____

Pill refilled: _____ Pills left in bottle: _____ Total: _____ Date/Time: _____ Initials: ____ / ____

Pill refilled: _____ Pills left in bottle: _____ Total: _____ Date/Time: _____ Initials: ____ / ____

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Pill refilled: _____ Pills left in bottle: _____ Total: _____ Date/Time: _____ Initials: ____ / ____

Pills Took Home: _____ **Nurse/Parent Initial** ____ / ____ **Date/Time** _____

Parent Signature: _____ **Date/Time:** _____

Nurse Signature: _____ **Date/Time:** _____