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 given at school. Three times a day medications can be given before school, after school and at bedtime. The initial dose of medication must be administered at home, physician's office, or hospital. If necessary, medication can be given at school under the following conditions:

1. All medication (prescription and over-the-counter) must be:
   a. provided by the parent.
   b. transported by an adult if it is a controlled substance, i.e., Ritalin. The med will be counted upon its arrival in the nurse's office.
   c. in its original, properly labeled container. The pharmacy can supply two (2) labeled bottles for this purpose. The date on the bottle must be current within the past twelve (12) months.
   d. accompanied by a specific written request signed by the parent/guardian (see below).
   e. placed in a locked cabinet in the nurse's office (exception: Epi-Pens, Inhalers, and students whose doctor considers them sufficiently responsible and have signed a request for them to carry an inhaler or anaphylaxis medication on their person. In either case, the student must demonstrate to the nurse competent use of the device(s); it is recommended that another inhaler and or Epi-Pen be kept in the nurse's office. The school nurse will inform the principal and appropriate others.) (**If a student allows another person to use the medication, the privilege may be revoked.**)
   f. for Controlled Medication and OTC medication to be given for more than ten (10) consecutive days or administered for more than ten (10) doses, whichever is greater, requires a physician's signature, licensed to practice in the State of Texas.
   g. administered by a school nurse or by a non-health professional designated by the principal and trained by the school nurse. No district employee shall be required to give medication dosages in excess of FDA recommendations.
2. Alternative and sample prescriptions, if approved as medication by the FDA, must be labeled with the child's name and accompanied by a signed Texas Board Certified physician's order. When ordered, alternative medication must be accompanied by a product information sheet listing its ingredients, actions, and side effects. Herbal substances or dietary supplements provided by the parent will be administered only if required by the individualized education program or Section 504 plan of a student with disabilities.
3. The district can assume no responsibility for loss or negligent behavior when the student carries his/her conventional or alternative medication or dietary supplement without the knowledge of the nurse. Noncompliance may subject the student to disciplinary action.
4. Only authorized district personnel may administer topical medication to a student as part of first aid protocol.
5. The school nurse must be consulted if the student requires long-term medication, any health care procedure, or monitoring.

Starting Date	Name of Medication(s)	Strength (i.e., 12 mg.)	Dosage (i.e., 2 tabs, 1 tsp.)	Route (i.e. oral, topical)	Time to be Given

***Emergency Asthma Medication: For severe breathing difficulty, it can be repeated _____ times _____ minutes apart**

Middle and High School Students:

Can carry inhaler: Yes No **Can carry anaphylaxis medication: Yes No Medication Allergies: _____**

Student's Name: _____ DOB _____ Teacher _____

_____ _____

Physician's Name (printed) ***Physician Signature*** ***Date***

_____

Physician's Address (printed) ***Telephone Number*** ***Fax Number***

x I give permission for the above medication(s) to be administered to my child at school.

x I give my permission for the following morning medication(s) to be administered to my child at school in the event that he/she fails to take it at home prior to school as prescribed. I understand that school personnel will not administer any morning medication(s) normally given at home without my verbal permission, and that the medication must be in a properly labeled container.

_____

Medication *Dosage* *Time usually administered*

x 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.

x **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.

Unused medication may be sent home with student. Yes No

_____ _____ _____

Parent/Guardian Signature *Working Phone Number* *Relationship*