

Dickinson Independent School District-
Administration of Medications at School

Parents,

Your child may have an illness which requires medication for relief or cure that does not prevent his/her attending school. When possible, such medication should be scheduled to be taken at home. However, according to the Texas laws and Dickinson ISD Board Policy, a medication may be dispensed to a student by school personnel. The following requirements must be met by the parent or legal guardian requesting this service:

1. All prescription drugs dispensed through a physician's office must be in their original pharmacy container or packaging and labeled by the pharmacist. The label must include:
 - a. The student's name
 - b. The physician's name
 - c. The name and strength of the drug
 - d. Amount of drug to be given
 - e. Frequency of administration
 - f. Date prescription was filled
2. All non-prescription drugs must be in their original container. This request must contain the following information before administration by school personnel:
 - a. Full name of student
 - b. Name of drug
 - c. Dosage must comply with manufacturer's recommendations
 - d. Scheduled hours when the drug is to be given
 - e. Reason drug is to be given
 - f. Date
 - g. Appropriate signatures
3. All prescription drugs administered or kept at school for longer than 15 days must be accompanied by a written request signed and dated by the prescribing physician and the parent or guardian requesting this service.
4. Forms for non-prescription drugs administered at school will remain in effect for the remainder of the school year and will be dispensed to students as needed. Student's parents or guardians will be responsible for picking medications up at the end of the school year.
5. Medications prescribed or requested to be given three (3) times a day or less are not to be given at school unless a specific time during school hours is prescribed by a physician and listed on the prescription bottle.
6. There will be no more than one medication per properly labeled container.
7. All medications, except emergency medications, will be stored in a locked cabinet and dispensed in the school clinic.
8. Students may not be in possession of prescription or non-prescription medications during school hours or a school-sponsored or school-related activity, on or off campus unless the medication is a life-saving medication. See exceptions per FFAC(REGULATION)
9. Natural and/or homeopathic-like products not FDA approved will not be dispensed by school district personnel without a physician's order.
10. Narcotics will **NOT** be dispensed at school.
11. In accordance with the Texas Nurse Practice Act, Rule 217.11, the school nurse has the responsibility and authority to clarify any medication order with appropriate licensed practitioner and/or refuse to administer medication that, in the nurse's judgment, is not in the best interest of the student.
12. Students, of appropriate age, are held responsible for coming to the clinic to take their daily medications.
13. Medications for diabetes, asthma, severe allergic reactions, or other chronic illness has additional requirements. Let your school nurse know if you need additional information concerning these illnesses.

Permission to Administer Prescription or Non-Prescription Medication at School

Student Name	(Last)	(First)	(MI)	DOB
Any known allergies to drugs or foods? (list)				
Type of Medication (check one)		Name of Medication (Trade or generic)		
<input type="checkbox"/> Prescription <input type="checkbox"/> Non-Prescription				
Date to Begin Medication	Date to End Medication	Time to be Given	Amount to be Given	
Reason medication is being given		Drug Classification (For Office Use Only)		
Form of Medication				
<input type="checkbox"/> Tablet <input type="checkbox"/> Capsule <input type="checkbox"/> Liquid (dispenser) <input type="checkbox"/> Inhalant <input type="checkbox"/> Other (list)				
Physician's Name Print	Physician's Signature (for prescribed meds only)	Office Phone	Date	

Parent/Guardians-Please send only the amount the student needs to take at school in a properly labeled, original container. **The student will not be allowed to carry medications back and forth from home to school.** When the period of administering the medication expires, the medication must be picked up by the parent, legal guardian, or other person having legal control of the student. Medications will be discarded if not picked up within seven (7) calendar days after the period for administering has expired or the school year has ended, whichever occurs first.

Parent/Guardian Name	Parent/Guardian Signature	Date
Home Phone	Cell Phone	Work Phone

MEDICATION INVENTORY RECORD

To request medication administration at school please note:

- A new form is need for all changes in medication, dose, or time
- The medication should be brought to school by a parent/guardian or responsible adult
- Unless otherwise specified, medication order is valid for the current school year only
- All other rules and expectations are listed on front page

Date	Amount Received (count with parent or other Adult)	School Employee Signature	Parent/Guardian Signature

Medication returned to: _____ Date: _____

Date	Comments