## 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:

- 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
- All <u>non-prescription drugs must be accompanied a physician's signature</u> and 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 (parents and physician)
- All prescription and non-prescription drugs administered or kept at school must be accompanied by a written request signed and dated by the prescribing physician and the parent or guardian requesting this service.

- 4. Medications prescribed 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.
- There will be no more than one medication per properly labeled container.
- All medications will be stored in a locked cabinet and dispensed in the school clinic.
- 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. See exceptions per FFAC(REGULATION)
- Natural and/or homeopathic-like products not FDA approved will not be dispensed by school district personnel without a physician's order.
- 9. Narcotics will **NOT** be dispensed at school.
- 10. 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.
- Student's, of appropriate age, are held responsible for coming to the clinic to take their daily medications.
- Medications for diabetes, asthma, severe allergic reactions, or other chronic illness have additional requirements. Let your school nurse know if you need additional information concerning these illnesses.

Date:

Student Name	(Last)	(Firs	t)	(MI)	DOB		
Any known allergies to dr	ugs or foods? (list	)					
Type of Medication(check one)  Prescription  Non-Prescription			Name of Medication (Trade or generic)				
Date to Begin Medication Date		e to End Medication Time		Time to be Given		Amount to be Given	
Reason medication is beir	ng given						
Form of Medication Tablet Ca Physician's Name Print	· ·	id (dispenser)  'hysician's Signature*	] Inhalant (	Other (list) Office Phone		Date	
Parent/Guardians-Please send appropriate signatures. The st administering the medication of student. Medications will be d year has ended, whichever occ	tudent will not be all expires, the medicati discarded if not picke	lowed to carry medication ion must be picked up by the	s back and fort he parent, legal	th from home to scholl guardian, or other p	ool. When person havi	the period of ng legal control of the	
Parent/Guardian Name Pa		Parent/Guardian Sign	rent/Guardian Signature		Date		
Home Phone		Cell Phone		Work Pho			

Reviewed by:

## **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 re	eturned to:	Dat	e:
Data	Commonts		
Date	Comments		