

Dickinson Independent School District
Administration of Medications at School

Your child may have an illness that requires medication for relief or treatment, but that does not prevent school attendance. Whenever possible, medication should be scheduled to be taken at home. However, under Texas law (SB 12 and SB 920) and DISD Board Policy, school personnel may administer medication according to the following requirements:

- **Parental authorization:** A signed parental administration form is required for **all medications** (prescription or over-the-counter).
- **Licensed healthcare provider order** required for:
 - Prescription medications
 - OTC medications requested for repeated or long-term use (more than 10 days, even if not given consecutively)
 - OTC medications given outside package directions (dose, frequency, or age)
- **Nurse authority:** The school nurse has the responsibility and authority under the **Texas Nurse Practice Act, Rule 217.11**, to clarify any order and/or refuse to administer medication that is unsafe or not in the best interest of the student.

Prescription Medications

- Must be in the original pharmacy container or packaging, labeled by the pharmacist.
- Label must include:
 1. Student's name
 2. Physician's name
 3. Name and strength of the drug
 4. Amount of drug to be given
 5. Frequency of administration
 6. Date prescription was filled
- Medications prescribed three times a day or less should generally be given at home unless a specific school-time dose is prescribed by the physician.

Over-the-Counter (Non-Prescription) Medications

- **Short-Term Use (10 days or less):**
 - Must have a parent's signature and be in the original, unexpired container.
 - Authorization must include:
 1. Student's full name
 2. Medication name
 3. Dosage (per manufacturer's instructions)
 4. Scheduled times for administration
 5. Reason for medication
 6. Date(s) of use

- **Long-Term Use (more than 10 days, whether consecutive or not):**
 - Must have a licensed healthcare provider's signature and be in the original container.
 - Authorization must include all information listed above.
 - Provider instructions must be updated as needed for ongoing administration.

Additional Guidelines

- Only one medication per container is allowed.
- All medications will be stored in a locked cabinet and dispensed in the school clinic.
- Students may not possess prescription or OTC medications during school hours or school-sponsored activities unless specifically authorized.
- Natural, homeopathic, or non-FDA approved products will not be dispensed without a physician's order.
- Narcotics will **NOT** be dispensed at school.
- Students of appropriate age are responsible for coming to the clinic to take daily medications.
- Medications for chronic conditions (diabetes, asthma, severe allergies, etc.) have additional requirements; please contact the school nurse for guidance.

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) <input type="checkbox"/> Prescription <input type="checkbox"/> Non-Prescription		Name of Medication (Trade or generic)		Classification (For Office Use Only)	
Date to Begin Medication	Date to End Medication	Time to be Given		Amount to be Given	
Reason medication is being given					
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*****		Office Phone		Date

Parent/Guardians-Please send only the amount of medicine the student needs to take at school in a properly labeled, original container with the appropriate signatures. **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

Reviewed by:

Date:

MEDICATION INVENTORY RECORD

To request medication administration at school please note:

- The medication should be brought to school by a parent/guardian or responsible adult
- Medication order is valid for the current school year only
- All other rules and expectations are listed on front page

Date	Amount Received	Medication Description	Nurse Signature	Parent/Guardian Signature

Medication returned to: _____ Date: _____

Date	Comments