



Every attempt should be made to provide medication to your child at home. Medications scheduled three times a day can be given before school, after school and at bedtime. However, if medication is required for your child to attend school, it may be dispensed by school personnel under the following conditions:

- 1. All medication (prescription and over-the-counter) must be brought to and kept in the nurse clinic and:
a. provided by the parent or legal guardian.
b. transported by the parent or legal guardian if it is a controlled substance, i.e. Ritalin. The medication will be counted upon its arrival in the clinic.
c. in its original, properly labeled container. The pharmacy can supply two (2) labeled bottles for this purpose.
d. accompanied by a copy of the medication order by a health care professional if it is a prescription medication.
e. accompanied by a specific written request signed by the parent or legal guardian giving designated school personnel authorization and instructions.
f. ordered by a physician or health care provider with prescriptive authority licensed to practice in the USA, if it is to be given for more than ten (10) consecutive school days or administered for more than ten (10) doses, whichever is greater.
g. administered by a school nurse or by a non-health professional authorized by the Superintendent or designee.
2. The initial dose of medication must be administered at home, doctor's office, or hospital.
3. Prescription samples must be labeled with the child's name and accompanied by an order signed and dated by a Texas licensed health care provider.
4. Sample prescription and alternative medicine 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 patient 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 plan or Section 504 plan of a student with disabilities.
5. 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 devices. For asthma medication, it is recommended that another inhaler be kept in the nurse's clinic. The school nurse will inform the principal and those with an educational need to know. If a student allows another person to use the medication, the privilege will be revoked.
6. 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 proper authorization. Noncompliance may be subject the student to disciplinary action.
7. Every effort will be taken to ensure that your child receives his/her medication. However, please note it is the responsibility of your child to come to the clinic to receive his/her medication. If the medication requires the use of a dosage cup, syringe, nebulizer tubing, etc., the supplies must be provided by the parent and kept with the medication.
8. No student may have prescription or non-prescription drugs in his/her possession on school grounds during school hours without proper authorization.
9. The school nurse must be consulted if the student requires long-term medication, any health care procedure, or monitoring. In the event of a life-threatening allergic reaction, emergency procedures will be followed as outlined in Melissa ISD Health Services Guidelines.

Student Name: \_\_\_\_\_ Teacher/Grade: \_\_\_\_\_

Table with 8 columns: Starting Date, Name of Medication, Reason for Medication, Strength (i.e. 5mg), Dosage (i.e. 1 tab), Time to be administered, # of tabs, caps, pills, Date to DC

May carry inhaler: Yes \_\_\_ No \_\_\_ May carry anaphylaxis medication: Yes \_\_\_ No \_\_\_ Medication Allergies: \_\_\_\_\_

Physician's Name (printed) \_\_\_\_\_ Signature (when needed per medication procedure) \_\_\_\_\_

Physician's Address (printed) \_\_\_\_\_ Telephone Number \_\_\_\_\_ Date \_\_\_\_\_

- I give permission for the above medication(s) to be administered to my child at school by authorized school personnel.
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 and written permission, and that the medication must be in a properly labeled prescription container.

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 this policy. Education Code, Section 22.052(a), (b). These guidelines are necessary to protect the health and safety of your child.

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.

Guardian Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-mail: \_\_\_\_\_ Preferred Method of Communication: phone / e-mail



Administration Record

Name		
Medication		
Dose, route		
Date	Time	Signature

Name		
Medication		
Dose, route		
Date	Time	Signature