

Medication Procedures

Any medication that is received that does not follow these guidelines will not be given and will be returned to the parent.

No medication will be accepted without this form completed by the parent and accompanying the medication.

1. Parents/guardian will request an extra labeled bottle from the pharmacy for sending medication to school. Medications cannot be sent back and forth on a daily basis with the students. **Under no circumstance will medication not in a labeled prescription bottle be accepted.**
2. Parents/guardian must deliver and pick up all medications. The parent is responsible for obtaining all medications from the school nurse at the end of the school year. Any medication left after the end of the school year will be disposed of.
3. **Non-prescription medications must be in the original container.** The dosing directions on the packaging will be followed. Requests to alter the dosage or frequency of the medication must be accompanied by a physician's written note with appropriate directions on dosing.
4. Medications prescribed or requested to be given three times a day or less will not be given at school unless a specific time of administration during school hours is prescribed by a physician. A medication that is ordered once a day should be given at home. A medication that is ordered to be given twice a day should be given by the parent before school and after school. A medication prescribed three times a day should be given before school, after school and before bed.
5. No District employee shall administer herbal substances, anabolic steroids or dietary supplements of any type, with the exception as follows:
"Herbal substances or dietary supplements may be administered as prescribed by the physician, provided by the parent, and ONLY if documented in the IEP or Section 504 plan of a student with disabilities." Dietary supplements and herbal substances are not FDA approved.
6. In accordance with the Nurse Practice Act; Texas Administrative Code, Section 217.11, the Registered Nurse and the Licensed Vocational Nurse have the responsibility and authority to refuse to administer medications that in the nurse's judgment is contraindicated for administration to the student.
7. If a student requires emergency medication at school such as Diastat, Epi-pen etc. be administered, 911 will be called for transport to the nearest hospital.
8. **No narcotic will be accepted or administered by the school nurse.** If a student requires narcotics for pain, they should not be in school. An appropriate dose for pain control should cause drowsiness affecting the student's ability to learn. Special circumstances will be considered for long term health issues with appropriate documentation from a physician.

PARENT/GUARDIAN AUTHORIZATION OF MEDICATION

STUDENT: _____ DATE OF BIRTH: _____ GRADE: _____

TEACHER: _____ DOCTOR/FAX: _____

Only those medications that are medically necessary during school hours for a student's attendance or written in an IEP should be sent to school.

Taylor ISD requires the following:

1. Written authorization for medication administration at school.
2. Medicine **must be in original, properly labeled container** (med name, strength, dosage and directions, name of physician licensed in Texas, current date).
3. The **first dose** of this medication for the current condition/illness **may not be given at school.**

Medication/Name/Strength	Dosage	Time to be given at school	Route (by mouth, ear etc)	Reason/Medical Condition	Comments

Medication start date: _____ Stop Date: _____

When was the first dose of this medication given? _____

1. I request that the above medication be given during school hours as ordered by this student's physician. I also request that the medication be given on field trips, as prescribed with adequate notification from me.
2. I release school personnel from liability in the event adverse reactions result from taking the medication.
3. I will notify the school of any change in the medication, (dosage change, time etc).
4. I give permission for the school nurse to communicate with the student's teachers about the student's health condition(s) and the actions(s) of the medication.
5. I give permission for the school nurse to consult with the above student's physician regarding any questions that arise with regard to the medication or medical condition being treated by the medication.
6. I give permission for the medication to be given by personnel designated by the Principal.

 Parent/Guardian Printed Name Phone Cell

 Parent/Guardian Signature Date Relationship

 Physician's Signature Date

PLEASE REVIEW THE MEDICATION PROCEDURES ON THE BACK