

## Waller Independent School District AUTHORIZATION AND PERMISSION FOR ADMINISTRATION OF MEDICATION

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 Waller 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 medications and sample medications dispensed through a physician's office must be in their original pharmacy container or packaging and labeled by the pharmacist or physician. The label must include:
  - a. The student's name.
  - b. The physician's name.
  - c. The name and strength of the medication.
  - d. Amount of medication to be given.
  - e. Frequency of administration.
  - f. Date prescription was filled.
2. All non-prescription medications must be in their original container. The written request for administration of these over-the counter medications, made by parent, guardian, or physician, must contain the following information:
  - a. Full name of student.
  - b. Name of medication.
  - c. Amount of medication to be given.
  - d. Scheduled hours when the medication is to be given.
  - e. Reason medication is to be given.
  - f. Date.
  - g. Appropriate signature.
3. Changes in the administration of prescription medications including dose and time must be in writing from the physician. Discontinuance must be in writing from the parent/guardian and/or physician.
4. Changes in the administration of non-prescription medications must be in writing from the parent/guardian and/or physician.
5. Physician orders for medications are valid only for the current school year.
6. There will be no more than one medication per properly labeled container.
7. Only Health Care Providers with Prescription Authority in Texas (Medical Doctor, Dentist, Podiatrist, Physician Assistant or Nurse Practitioner with Prescriptive authority) can prescribe medications and treatments.
8. **All prescription and non-prescription medications maintained in the nurse clinic for longer than 10 consecutive days must be accompanied by a written request signed and dated by the prescribing physician and the parent/guardian requesting this administration.**
9. All medications will be stored and dispensed in the school clinic. Exceptions must be approved by appropriate school authorities in advance.
10. Students may not be in possession of prescription or non-prescription medications during school hours or at school-sponsored or school related activities, on or off campus. Exceptions must be approved by appropriate school authorities in advance.
11. Natural and/or homeopathic-like products, essential oils, and any products that are not FDA approved will not be dispensed by school district personnel.
12. Medications from foreign countries will not be accepted or administered by the school nurse or the principal's designee.
13. Medication should be delivered to and picked up from the clinic by a parent or authorized adult.
14. In accordance with the Texas Nurse Practice Act, Rule 217.11, the campus 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.

<b>PARENTAL PERMISSION FOR SCHOOL ADMINISTRATION OF MEDICATION</b>		
Student Name (Last) (First) (MI)		Birthdate
Grade	Teacher	
Name of Medication		
Dosage	Time to be Given	Number or Amount of Medication Provided
Reason Medication being given		

### PHYSICIANS: PLEASE WRITE ORDER FOR SCHOOL ADMINISTRATION

<b>All prescription and non-prescription medications maintained in the nurse clinic for longer than 10 consecutive days must be accompanied by a written request signed and dated by the prescribing physician and the parent/guardian requesting this administration.</b>		
Name of Medication		Dosage
Special Instructions		Expiration Date
Physician Name (print)		Physician Signature
Phone Number	Fax Number	Date

My signature authorizes the above named student to be given the medication at school by qualified staff, according to the instructions, and a record maintained. The student has experienced no previous side effects from the medication. I further agree that school personnel may contact the physician as needed regarding this medication, and that medication information may be shared with school personnel who need to know. I understand the law provides that there shall be no liability for civil damages as a result of the administration of medication where the person administering the medication acts as an ordinarily reasonably prudent person would under the same or similar circumstances. I agree to provide safe delivery of medication and equipment to and from school and pick up remaining medication and equipment or it will be properly destroyed.

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

### MEDICATION INVENTORY RECORD

Date	Amount Received	Signature of Person bringing in Medication	Signature of School Employee Receiving medication

Disposition of Medication (Parent/Guardian Pick Up)		
Date	Signature of Person Picking up Medication	Name of Person Picking up Medication

Disposition of Medication (Destroy- Sent to Ancillary)		
Date	Signature of Health Services Personnel	Amount or number of pills to be destroyed