

## Administration of Medications at School for 15 Days or Less

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 Katy 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 drugs and sample drugs 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 drug.
  - d. Amount of drug to be given.
  - e. Frequency of administration.
  - f. Date prescription was filled.
2. All nonprescription drugs must be in their original container. The written request for administration of these over-the counter drugs, made by parent, guardian, or physician, must contain the following information:
  - a. Full name of student.
  - b. Name of drug.
  - c. Amount of drug to be given.
  - d. Scheduled hours when the drug is to be given.
  - e. Reason drug is to be given.
  - f. Date.
  - g. Appropriate signature.
3. **All prescription and non-prescription drugs to be administered at school for 15 days or less must be accompanied by a written request, signed and dated by a parent or legal guardian.** (See form below.)
4. **All prescription and non-prescription drugs to be administered from or kept in the school clinic for more than 15 days must be accompanied by a written request signed and dated by the prescribing physician.** (Requires an "Administration of Medications at School for More Than 15 Days" form to be completed.)
5. Medications prescribed or requested 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 or the school nurse determines that a special need exists for an individual student.
6. There will be no more than one medication per properly labeled container.
7. All medications will be stored and dispensed in the school clinic. Exceptions must be approved by appropriate school authorities in advance.
8. 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.
9. Natural and/or homeopathic-like products not FDA approved will not be dispensed by school district personnel.
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.

### Parental Permit to Administer Prescription or Non-Prescription Medication at School for 15 Days or Less

Student Name (Last)	(First)	(MI)	DOB
Grade	Teacher		

Type of Medication <input type="checkbox"/> Prescription <input type="checkbox"/> Non-Prescription		Name of Medication	
Date to Begin Medication	Date to End Medication	Time to be Given	Amount to be Given
Reason medication being given			
Form of Medication <input type="checkbox"/> Tablet <input type="checkbox"/> Capsule <input type="checkbox"/> Liquid <input type="checkbox"/> Inhalant <input type="checkbox"/> Other _____			Number or Amount of Medication Provided

Parents/Guardians – Please send only amount student needs to take at school in properly labeled, original container, so that student will not be required to carry medication back and forth from home to school. No controlled substances may be sent home with a student.		
My signature authorizes school personnel to give my child (named above) the medication (specified above) as directed.		
In addition, I authorize excess and/or unused medication, other than controlled substances, to be sent home with my child:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian Name	Parent/Guardian Signature	Date
Home Phone	Mobile Phone	Work Phone

Date Medication Discontinued	<b>Clinic Use Only</b>	Date Medication Restarted	
Date	Dosage/Time Change From	Dosage/Time Change To	Nurse Initials
Date	Dosage/Time Change From	Dosage/Time Change To	Nurse Initials