

Weimar Independent School District

Administration of Medication at School for Less Than 15 Days

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 Weimar ISD Board Policy, a medication may be administered 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 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 is to be given.
 - d. Scheduled hours when the drug is to be given.
 - e. Reason drug to be given.
 - f. Date.
 - g. Appropriate signature.
3. **All prescription and non-prescription drugs to be administered or kept at school for longer than 15 days must be accompanied by a written request signed and dated by the prescribing physician and the parent/guardian requesting this service.** (See form below.)
4. **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.** (Required an "Administration of Medication at School for 15 Days or Less" form.)
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 campus 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 administered in the school/health office. 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 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.

Parental Permit to Administer Prescription or Non-prescription Medication at School Less Than 15 Days

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 with a student. The first dose of medication must be given by the parent.		
My signature authorizes school personnel to give my child (named above) the medication (specified above). I release school personnel from liability in the event an adverse reactions result from taking the medication.		
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

Clinic Use Only

Date	Date Medication Discontinued	Date Medication Restarted	Nurse Initials
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