

SANTA FE ISD MEDICATION POLICY

Medications at School

REQUEST FOR SFISD STAFF TO ADMINISTER MEDICATION

Student name: _____ Grade: _____

Name of medicine: _____

When medicine is to be given: Daily, long term Daily, short term As needed

Amount of medicine that is to be administered: (# of ounces, pills, puffs, etc.) _____

Route by which the medication is to be given: (in child's ear, by mouth, etc.) _____

Times medication is to be given: (everyday @ 2:00pm, only when having difficulty breathing, etc.)

Condition for which this medicine is to be given: _____

Has your child had this medication before: YES NO

Student's allergies to medications or foods: _____

Parent's/Guardian's name & phone numbers **where you can be reached:**

Name: _____ Home: _____ Work: _____ Cell: _____

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A doctor's order must be provided for **any** medication to be administered at school, whether it is purchased over-the-counter or through a doctor's prescription. If the medication is a prescription medication, then the label that the pharmacist has applied to the box or bottle will suffice, as long as the label contains the following information: student name, medicine name, amount of medication that is to be given, route by which medicine is to be given, frequency of medication administration, **AND THE PRESCRIPTION FOR THE MEDICATION WAS FILLED WITHIN THE PAST YEAR**, i.e. the date on the pharmacy label is within one year.

If the medication is an "over-the-counter medication", then the same information listed above must be on a doctor's prescription that is given to the SFISD staff, **INCLUDING THE DATE ON THE PRESCRIPTION MUST BE WITHIN THE PAST YEAR**. You may not request that medication be given in any way that is different than the information on the pharmacy label or doctor's prescription. Additionally, **SFISD staff cannot administer any medications that are expired, or are considered to be "herbal", "homeopathic", or an "alternative" type of medication.**

The parent or guardian must supply ALL medication for their student. **SFISD STAFF WILL NOT GIVE TO ANY STUDENT ANY MEDICATION THAT IS NOT SUPPLIED BY THAT STUDENT'S PARENT/GUARDIAN, INCLUDING ASPIRIN, TYLENOL, ETC.** Medications must be delivered to the clinic by the student's parent or another adult. Permission to administer medication (signing this form) may only be granted by the student's parent or guardian.

Each time PRESCRIPTION medication is brought to the clinic, the amount must be counted by a SFISD employee and the adult bringing the medication. The number counted must be recorded and signed by both individuals.

I understand a clinic aide or administrative designee, neither of whom may be nurses, may be assigned to administer my child's medication.

I have read the above information, and I relieve SANTA FE ISD and its employees from all responsibility and liability concerning the administration of the medication I have provided for my child.

I understand that it is NOT the nurse's responsibility to remind the parent when a refill is needed on any student's medication.

Parent/Guardian Signature: _____ Date _____