

Harmony Public Schools Administration of Medications at School

***** Prescription and Non-Prescription Medication Requires Physician Signature *****

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 a medication may be dispensed to a student by school personnel. The following requirements must be met by the parent or legal guardian.

1. All prescription 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 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. Physician and Guardian's signature.
3. All non-prescription drugs to be administered at school must be accompanied by a written request, signed and dated by a physician and legal guardian. (See form below.)
4. All prescription drugs to be administered from or kept in the school clinic must be accompanied by a written request signed and dated by the prescribing physician.
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

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 Provided

Parents/Guardians – Please send only amount student needs to take at school in properly labeled, original container. 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.		
Parent/Guardian Name	Parent/Guardian Signature	Date
Home Phone	Mobile Phone	Work Phone

***** Prescription and Non-Prescription Medication Requires Physician Signature *****

Physician's Name	Physician's Signature
Physician's Office Phone	Date