



### REQUEST TO ADMINISTER MEDICATION

I request that designated personnel of Leander ISD administer the medication listed below to my child according to the label and/or physician instructions. I agree to furnish an adequate amount of medication in the original container. I understand that Leander ISD personnel will protect my child and not administer medication if this form is not completed or the medication is not furnished as required.

Please remember all medication must be:

- Delivered directly to the Clinic by the Parent
- In the original container
- Non-expired
- Age appropriate

**Non-Prescription Medication**

Name of Student: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_  
 Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  
 Time(s) to be given at school: \_\_\_\_\_ Do not administer after the following date: \_\_\_\_\_  
 Parent/Guardian Printed Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
 Email address: \_\_\_\_\_ Date: \_\_\_\_\_

*At the end of the school year (circle one):    Dispose of medication    Parent will pick up*

*\*\*\*\*\*Note: All remaining medications will be disposed of on the last day of school.\*\*\*\*\**

**Prescription Medication**

Name of Student: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_  
 Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  
 Time(s) to be given at school: \_\_\_\_\_ Do not administer after the following date: \_\_\_\_\_  
 Side effects to be reported to the Doctor: \_\_\_\_\_  
 Physician's Printed Name: \_\_\_\_\_ Physician's Signature: \_\_\_\_\_  
 Physician's Telephone: \_\_\_\_\_ Physician's Fax: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent/Guardian Printed Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
 Email address: \_\_\_\_\_ Date: \_\_\_\_\_

*At the end of the school year (circle one):    Dispose of medication    Parent will pick up*

*\*\*\*\*\*Note: All remaining medications will be disposed of on the last day of school.\*\*\*\*\**

(OVER)

## MEDICATION PROCEDURES

Medication may be administered at school with:

1. A parent or guardian's written request that there is a need for medication during the school day and the parent provides the medication. This includes both prescription and over-the-counter medications.
2. **No medication is provided by the school.**
3. Medication must be kept in the school clinic and administered by the school nurse, health assistant or school employee.
4. **No medication will be sent home with a student.** Parents/Guardians must pick up all medications whether prescription or over-the-counter.
5. Over-the-counter medication must be in the original bottle or box with the label intact and non-expired. Dispensing directions regarding age, dose and frequency will be strictly adhered to. Request to alter the standard dosage or frequency on over-the-counter medication must be accompanied by a physician's written note and signature.
6. Prescription medication must be in the original container and non-expired. It must be properly labeled in a prescription bottle with the student's name, medication name, directions for dispensing the drug and written by a physician licensed to practice in the United States. **A physician's signature is required for any dosage or medication change on prescription medication.**
7. **Short-term prescription medication can be administered for up to 10 consecutive days without a physician's signature. The prescription can be no more than 7 days old upon receipt by the school clinic. A written request/signature from a physician must be obtained if the medication needs to be administered for more than 10 days.**
8. Medications (controlled substances) will be counted by the school nurse or the health assistant upon arrival at school and documented as to the number of pills received. Medications must be delivered by the parents/guardians.
9. Herbal and/or homeopathic medications may be dispensed if the following criteria are met:
  - Must have a written request from a parent/guardian.
  - Must have a written order from a physician, PA or NP that is licensed to prescribe in the state of Texas.
  - Must be appropriate to be given during the school day.
  - Must have reliable information regarding the safe use of the product including side effects, toxicity, drug interactions and adverse affects.
  - Must have verification that the product and requested dosage is safe for the student's age, body weight and condition.
  - Must identify the condition for which the product is being used.
10. If your child has any special needs or if you have any questions, please call the school clinic.

**\*\*\* For the complete medication policy please refer to your student's handbook. \*\*\***