

CISD HEALTH SERVICES MEDICATION ADMINISTRATION REQUEST GUIDELINES - MAR

Student's name _____ DOB _____ Grade _____

Medication _____ Dose _____ Time _____

Reason for Medication _____

Some medications which students take at school fall under the strict requirements of the Controlled Substances Act and require that special effort be exercised in their safe distribution. Your attention to the following guidelines will help facilitate the safe administration and handling of any medication administered to your student at school. **Only FDA approved drugs and prescription drugs ordered by a physician licensed to practice in the United States will be given. The clinic does not supply any medication.**

- 1) A written physician's statement must be submitted to the nurse's office which provides the name of the student, name of the drug, the dose, the time(s) the drug is to be taken, the diagnosis or reason the medication is needed, and the duration of the physician's order. Prescription drugs require a prescription label.
- 2) The parent/guardian must complete the medication permit. Physician's directions and signature are required for medication given longer than 10 days.
- 3) Changes in dosage must be verified by a written or faxed order from the physician, unless the physician's original order specified a scheduled dosage adjustment.
- 4) Milligram dosage indicated on the prescription bottle must match the milligram tablet in the container.
- 5) An adult should bring medication to the office. Should your child transport his/her own medication, the district, the school, and the district personnel assume no responsibility for the improper exchange, loss, or contamination of or the failure to administer medication. Student's improper actions involving medications can result in disciplinary action.
- 6) PRN and/or over-the-counter medications should be in an original container and have a signed note of instructions from parent/guardian. Herbs, dietary supplements, and vitamins will not be given at school. **Parent/guardian provides all medication.**
- 7) Medication should be received in the nurse's office in the original container, after which it will be counted and recorded. Please do not send any medication to school in a plastic bag or other such container.
- 8) Morning and afternoon doses should be given before and/or after school unless otherwise requested by your physician. The first dose must be given at home. Antibiotics should be given 24 hours at home before returning to school.
- 9) At the end of the school year any medication remaining will be discarded if you do not retrieve it by the last day of school. No medication will be sent home with students in grades K-6.
- 10) Students may carry epi pens, inhalers and diabetic supplies with education on the use and doctor's written permission. The student must be responsible for medication; this privilege can be revoked if student is shown to not be capable.

This section must be completed by physician if student is permitted to self-carry.

It is my professional opinion that this student is capable of medication administration and accepts the responsibility of self-carrying their prescribed medication indicated by my initials below:

Inhaler

Epinephrine

Diabetic supplies

Physician's Signature _____ Date _____ Phone _____

Physician's printed name _____

I give permission for the medication above to be administered to my child. I have read and understand the policies listed above and agree to abide by them.

Parent/Guardian Signature _____ Date _____ Phone _____

Medication Disposition: _____ Date _____

Controlled Substance Inventory: _____