



## *International Leadership of Texas*

### **Medication Policy and Administration Consent**

*Parents have the primary responsibility of giving their child medication at school. Requests for the administration of medication by the school personnel, or for the student to carry medication on their person, can be made as follows: (Texas Education Code 22:052)*

- **ALL** medication, including over the counter, must be in the original container, and accompanied by the fully executed MED PACKET.
- OTC (Over The Counter) medications include, but are not limited to: cough drops, cold medicine, Advil, Tylenol, Midol, Pamprin, cortisone creams, and allergy medicine. **OTC medication cannot be carried by students without a Physician Order/Prescription.**
- **ALL MEDICATIONS** must be in the original, properly labeled, unexpired container, and accompanied by this completed form AND the Medication Administration Form.
- Any narcotics **MUST** be delivered to the school nurse by the parent/guardian and submit to a med count in addition to the above requirements. *(This includes, but is not limited to, pain medication, ADHD medication, psychotropic and/or psychiatric meds)*
- No dietary supplements, performance boosters, herbal remedies, homeopathic treatments, vitamins, etc, will be allowed on ILT campus or school events.
- Any medications found with a student that do not comply with these regulations will be considered contraband, will be confiscated, and the student will be subject to disciplinary measures. Under NO circumstances will students share medications.
- Any unused medication must be picked up by the parent/guardian by the end of the school year, or it will be discarded properly by the school nurse.
- Each medication must have a separate form. Any changes to a dose will require a new form.
- ILTexas does NOT supply OTC medication to students.
- **All prescription medications must be prescribed by a licensed professional in the state of Texas (MD, DO, DDS, APN, PA) and be written in English.**
- **The Nurse Practice Act of Texas requires the clarification of any order/treatment/regimen that the Nurse has reason to believe is inaccurate, non-efficacious, or is contraindicated. Nurse reserves the right to consult the physician on a case by case basis for verification. Medications filled out of the state and/or country cannot and will not be accepted.**

*By signing this document, I attest that I have read and understand the above regulations and policies. Parent/Guardian*  
**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

# INTERNATIONAL LEADERSHIP OF TEXAS

## Administration of Medications by School Personnel

Dear 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 IL Texas 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. Prescription medications dispensed through a physician's office must be in their original pharmacy container and labeled by the pharmacist or physician.
2. All nonprescription drugs must be in their original container. The written request for administration of these over the counter drugs, made by the physician must contain the following information:
  - a. Full name of student
  - b. Name of drug
  - c. Amount of drug to be given and scheduled hours when drug is to be given
  - d. Reason drug should be administered
  - e. Date
  - f. Appropriate signature.
3. 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.
4. There will be no more than one medication per properly labeled container.
5. All medications will be stored and dispensed in the school clinic. Exceptions must be approved by appropriate school authorities in advance.
6. Natural and/or homeopathic-like products not FDA approved will not be dispensed by school district personnel.
7. In accordance with the Texas Nurse Practice Act, Rule 217.11, the campus Nurse has the responsibility and authority to

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
Physician's Name	Physician's Signature	Office Phone	Date

Parent/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 or any medications may be sent home with a student.

**My signature authorizes school personnel to give my child (named above) the medication (specified above) as prescribed and directed by the physician.**

**In addition, I authorize excess and /or unused medication, other than controlled substances to be disposed properly by clinic.**     Yes     No

Parent/Guardian Name	Parent/Guardian Signature	Date
Home Phone	Mobile Phone	Work Phone

Date Medication Discontinued	<b>Clinic Use Only</b>	Date Medication Restarted	
Date	Dosage/Time Change From	Dosage/Time Change To	Nurse Initials
Date	Dosage/Time Change From	Dosage/Time Change To	Nurse Initials



## *International Leadership of Texas*

### Medication Accountability Record

STUDENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Count at Drop off: \_\_\_\_\_ Date: \_\_\_\_\_ (int) \_\_\_\_\_

Count at Pickup: \_\_\_\_\_ Date: \_\_\_\_\_ (int) \_\_\_\_\_

Count at Drop off: \_\_\_\_\_ Date: \_\_\_\_\_ (int) \_\_\_\_\_

Count at Pickup: \_\_\_\_\_ Date: \_\_\_\_\_ (int) \_\_\_\_\_

Prescription as written by Physician: *(Medication must be in original container, with prescription label)*

\_\_\_\_\_

Name and Phone of Physician:

\_\_\_\_\_

*By signing this form, I attest that I am fully aware of the need for this medication, as well as the Medication Policies/Procedures of International Leadership of Texas.*

Parent/Guardian Printed Name: \_\_\_\_\_ Initials \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Nurse Printed Name: \_\_\_\_\_ Initials \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Nurse Signature: \_\_\_\_\_

Witness Printed Name: \_\_\_\_\_ Initials \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_