

**TOMBALL INDEPENDENT SCHOOL DISTRICT  
AUTHORIZATION FOR SELF-ADMINISTRATION OF ALLERGY/ASTHMA MEDICATION**

Student Name: (Last)	(First)	(Middle initial)	DOB	Student ID
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\_\_\_\_\_ (student's name) has a potentially life-threatening condition that must be treated with the following medications and are to be carried by the student. The student has been trained and is capable of administering their own medication at school, school-related, or school- sponsored activities. Parent/Guardians should inform Health Services personnel of any changes regarding medication, dosage, route, or time to be given by providing an updated version of this consent form. The student understands that the intentional misuse of any medication or medical equipment that could knowingly and recklessly cause harm to another student will result in disciplinary action. This form also allows the TISD nurse/designated personnel to administer medication in the event student is not able to self-administer. The parent or legal guardian requesting this service must meet the district's Medication Guidelines.

Diagnosis requiring medication:	
<b><u>PROVIDER, ATTACH EMERGENCY ACTION PLAN TO THIS FORM</u></b>	

Check and complete all that apply:

<input type="checkbox"/>	ANTIHISTAMINE	SPECIFY:	
	Dose: _____ or follow attached action plan		
<input type="checkbox"/>	EPINEPHRINE AUTO INJECTOR	SPECIFY:	
	Dose: _____ or follow attached action plan		
<input type="checkbox"/>	INHALER	SPECIFY:	
	Dose: _____ or follow attached action plan		

Provider name	Provider signature		
Office Phone	Office Fax	Date	

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tomball Independent School District  
**MEDICATION GUIDELINES**

Parents and physicians are strongly encouraged to schedule all necessary student medications, such as once daily medication, for administration during non-school hours. If a student must take medication during school hours in order to observe proper time intervals between doses and resume full participation in the school program, dispensing the medication can become the responsibility of the school.

Medication schedule should be adjusted to allow administration during class breaks or lunch. Medication given at other times will require consultation with the nurse, parent, and/or physician. When it is necessary that medications be given at the school, the following guidelines will be followed:

1. **Medication should be delivered to and picked up from the clinic by a parent or authorized adult.**
2. **All prescription drugs and sample 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
3. **All non-prescription drugs must be in their original container.** The written request for administration of these over-the-counter drugs made by parent, guardian, or 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. Appropriate signature
4. **Only Health Care Providers with Prescription Authority in Texas** (Medical Doctor, Dentist, Podiatrist, Physician Assistant or Nurse Practitioner with Prescriptive authority) can prescribe medications and treatments.
5. All medications requiring an order from a Health Provider with Prescribing Authority in Texas include: **all prescription medication; non-prescription medication given more than 10 consecutive days; and non-prescription medication when dosage is more than dosage on container.**
6. Changes in the administration of prescription drugs including dose and time must be in writing from the physician. Discontinuance must be in writing from the parent/guardian and/or physician.
7. Changes in the administration of non-prescription medications must be in writing from the parent/guardian and/or physician.
8. Medication orders are **valid only for the current school year.**
9. There will be no more than one medication per properly labeled container.
10. Only those medicines appropriate for that age child will be administered.
11. Treatments must be requested in writing by the parent. The school nurse may request the parent to demonstrate the procedure when the request is submitted, and may request written instructions from the treating physician.
12. All medications will be stored and dispensed in the school clinic. Exceptions, such as life-threatening conditions, must be approved by appropriate school authorities in advance.
13. 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, such as life-threatening conditions, must be approved by appropriate school authorities in advance.
14. Only medications for possible life-threatening conditions may be carried by the responsible student, and only after appropriate documentation has been completed with the school nurse.
15. Natural and/or homeopathic-like products, essential oils, and any products that are not FDA approved will not be dispensed by school district personnel.
16. Medications from foreign countries will **not** be accepted or administered by the school nurse or the principal's designee.
17. All medications must be filled in the United States and must be FDA approved.
18. Failure to comply with medication guidelines may result in disciplinary action for the student.
19. In accordance with the Texas Nurse Practice Act, Rule 217.11, the campus nurse has the responsibility and authority to clarify any medication order with an appropriate licensed practitioner and/or refuse to administer medication that, in the nurse's judgment, is not in the best interest of the student.