

SANTA FE ISD MEDICATION POLICY

REQUEST FOR SFISD STAFF TO ADMINISTER MEDICATION

Student name: _____ Grade: _____

Name of medicine: _____

When medicine is to be given: Daily, long term Daily, short term As needed

Amount of medicine that is to be administered: (# of ounces, pills, puffs, etc.) _____

Route by which the medication is to be given: (in child's ear, by mouth, etc.) _____

Times medication is to be given: (everyday @ 2:00pm, only when having difficulty breathing, etc.) _____

Condition for which this medicine is to be given: _____

Has your child had this medication before: YES NO

Student's allergies to medications or foods: _____

Parent's/Guardian's name & phone numbers **where you can be reached:**

Name: _____ Home: _____ Work: _____ Cell: _____

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A doctor's order must be provided for **any** medication to be administered at school, whether it is purchased over-the-counter or through a doctor's prescription. If the medication is a prescription medication, a doctor's note must be provided stating the medication is to be administered at school with the following information: student name, medication name, amount of medication that is to be given, route by which medicine is to be given, and frequency of medication administration. **THE PRESCRIPTION FOR THE MEDICATION MUST BE FILLED WITHIN THE PAST YEAR**, i.e. the date on the pharmacy label is within one year.

If the medication is an "over-the-counter medication", then the same information listed above must be on a parent's written note that is given to the SFISD staff, **INCLUDING THE DATE ON THE NOTE MUST BE WITHIN THE PAST YEAR**. You may not request that medication be given in any way that is different than the information on the pharmacy label or over-the-counter medication recommended dosing, unless otherwise stated on a doctor's note. All over-the-counter medication must be supplied by the parent in its' original container with an unbroken seal. Additionally, **SFISD staff cannot administer any medications that are expired, or are considered to be "herbal", "homeopathic", or an "alternative" type of medication.**

The parent or guardian must supply ALL medication for their student. **SFISD STAFF WILL NOT GIVE TO ANY STUDENT ANY MEDICATION THAT IS NOT SUPPLIED BY THAT STUDENT'S PARENT/GUARDIAN, INCLUDING ASPIRIN, TYLENOL, ETC.** Medications must be delivered to the clinic by the student's parent or another adult. Permission to administer medication (signing this form) may only be granted by the student's parent or legal guardian.

Each time PRESCRIPTION medication is brought to the clinic, the amount must be counted by a SFISD employee and the adult bringing the medication. The number counted must be recorded and signed by both individuals.

I understand a clinic aide or administrative designee, neither of whom may be nurses, may be assigned to administer my child's medication.

I have read the above information, and I relieve SANTA FE ISD and its employees from all responsibility and liability concerning the administration of the medication I have provided for my child.

I understand that it is NOT the nurse's responsibility to remind the parent when a refill is needed on any student's medication.

Parent/Guardian Signature: _____ Date _____

