

**Orenda Education Health Services Department
REQUEST TO ADMINISTER MEDICATION**

Student: _____ Date of Request: _____

Date of Birth: _____ Grade: _____ Date to be Discontinued: _____

Medication: _____

Amount to be given: _____ Time: _____ Route: _____

List significant side effects: _____

Special Instructions: _____

NOTE: No more than a one month supply of medication shall be brought to the school at a time. **ALL** controlled substances **MUST BE** delivered and picked-up by a parent or guardian.

All medications:

- Must be in the original container with a proper, legible label.
- Cannot be expired. Please check the expiration date prior to sending medication to school.
- Must be picked up by an adult.
- Must have a completed Request to Administer Medication form on file in the nurse's office.

PLEASE REVIEW THE MEDICATION PROCEDURE ON THE BACK OF THIS FORM BEFORE SIGNING.

Signature of Parent or Guardian

Daytime Contact Information

**FOR ALL LONG-TERM (MORE THAN 10 SCHOOL DAYS) MEDICATIONS GIVEN AT SCHOOL, THE PRESCRIBING PHYSICIAN
OR DENTIST MUST COMPLETE THE FOLLOWING:**

MEDICATION:

INSTRUCTIONS:

Statement of physician or dentist: It is necessary that the named medication be given to this student at the time requested beginning on _____ and ending on _____.
(state date) (discontinue date)

Signature of physician or dentist

Business Address

PRINT physician or dentist's name

Business Number

Information may be faxed to the school at this number: (512) 868-4946.
Please feel free to call the school nurse at (512) 931-3333 with any questions or concerns.

Medication Procedures

1. A Request to Administer Medication form must be signed by the parent or legal guardian in order for both prescription and non-prescription medication to be administered at school. **Forms must be updated annually.**
2. All medication must be provided by the student's parent or legal guardian. **Gateway College Preparatory School does not stock/provide medication for student use.** No expired medication will be administered.
3. Prescription medications must be in the original container, properly labeled with the student's name, date of birth, medication name, dosing instructions, and ordered by a physician licensed to practice in the United States.
4. Over-the-counter medication must be in the original container with the label intact. Dispensing directions regarding age/weight, dose and frequency will be followed. Any request to alter standard dosages or frequency of administration must be accompanied by a physician's written note with signature.
5. **ALL** medications, prescription and nonprescription, must be kept in the school health clinic and administered by a school nurse or school employee. Students are not permitted to carry medication with them.
6. A physician's signature is required for any dosage or medication **changes** on prescription medication, including as needed medications, such as albuterol. For example: your student has an as needed nebulizer treatments with albuterol, but currently has an upper respiratory infection, and has been prescribed treatments every 4 hours. Documentation from the doctor is required to administer the more frequent treatment.
7. Medications prescribed or requested to be given three times a day or less will not be given at school unless a specific time of administration, during school hours, is prescribed by a physician.
8. Controlled substances will be counted by the school nurse and documented. Medications must be delivered and picked up by parents or legal guardians.
9. Students in grades 5-12 are allowed to carry and self-administer inhaled asthma medication or epinephrine provided:
 1. Written permission from the physician allowing the student to self-medicate;
 2. Written consent from parent/guardian; and
 3. The school nurse has counseled the student and parent on the school's inability to monitor the student's health condition during the school day while self-medicating or treating.
10. No Orenda employee will administer herbal substances, anabolic steroids or dietary supplements unless prescribed by a physician, if it is required by the IEP or Section 504 plan of a student with a disability. Medication/supplement must be provided by student's parent/guardian. Reliable, evidenced based information must be provided by the physician regarding safe use of the medication/supplement.
11. Parents are responsible for providing necessary medical supplies such as nebulizer tubing, mouth pieces, masks.
12. **IN ACCORDANCE WITH THE NURSE PRACTICE ACT; TEA CODE, SECTION 217.11, THE REGISTERED NURSE AND LICENSED VOCATIONAL NURSE HAVE THE RESPONSIBILITY AND AUTHORITY TO REFUSE TO ADMINISTER MEDICATION THAT, IN THE NURSE'S JUDGEMENT, ARE CONTRAINDICATED FOR ADMINISTRATION TO THE STUDENT.**