



EMERGENCY MEDICATION SELF-CARRY FORM

This plan is in accordance with HB 1688 from the 2001 Texas Legislative Session. It allows students to self-administer certain medications for immediate use in a life-threatening situation or for enzymes used in Cystic Fibrosis while at school or school functions with permission from parents, physicians, and the school nurse. This form must be renewed every school year.

STUDENT NAME:	DOB:
CAMPUS:	SCHOOL YEAR:
TEACHER:	GRADE:
PARENT/GUARDIAN:	PHONE:
PHYSICIAN:	PHONE:

To Be Completed by a Physician Licensed by the State of Texas

I have instructed _____ (student's name) in the proper way to use his/her medication. It is my professional opinion that this student should be allowed to carry and self-administer the following life-saving medications while on school property or at school-related events>

Medication: _____

Purpose of medication: _____

When to use: _____

Physicians's Signature: _____ Date _____

To Be Completed by a Parent or Legal Guardian

I agree with the recommendations of my child's physician as noted above and have informed my child that he/she may carry his/her emergency rescue medication while on school property or at school-related events according to school district policy and the student agreement below:

Parent/Guardian Signature: _____ Date: _____

Place a checkmark before each statement as an acknowledgment of said statement:

____ Student knows the name, correct dosage, purpose, expected effects, and medication side effects.

____ Student demonstrates correct use/administration of medication.

____ Student understands that medication must have a prescription label affixed, authorization from the school nurse must be carried, allowing anyone else to use the medication will result in disciplinary action, and the PRIVILEGE of carrying this medication can be rescinded for violating any part of this agreement.

Student Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____

EMS will be called when Epinephrine is administered



MEDICATION PROCEDURE

Medication may be administered by designated Georgetown ISD personnel in compliance with the procedures outlined below. **All medication dispensed in the clinic must have a signed physician/health care provider order, including over-the-counter medicines.** The Nursing Practice Act dictates which licensed medical professionals a registered nurse may carry out medication orders from. Currently, licensed chiropractors are not included; therefore, their orders will not be accepted.

1. **Prescription medication** must be unexpired and in a prescription bottle/box accompanied by a pharmacy label that states the student's name, medication name, and directions for dispensing the medication.
 - a. Prescription orders must be written/signed by a physician licensed to practice in Texas.
 - b. A new order is required for any dosage or medication change on prescription medication.
 - c. Controlled substances will be counted and quantity verified by parent/guardian and designated GISD personnel upon delivery and pickup.
2. **Over-the-counter medication** must be unexpired and in an unopened bottle or box.
 - a. Order must be written/signed by a physician licensed to practice in Texas.
 - b. A new order is required for any dosage or medication change on over-the-counter medication.
3. Narcotic pain medications prescribed for temporary medical conditions will not be administered or kept on campus.
4. All medications needed during the school day must be provided and delivered by parent/guardian.
5. Medication(s) will not be accepted without the appropriate completed form(s), including all required signatures.
6. A separate form must be completed for each medication provided for a student.
7. All clinic forms must be signed on or after June 1 to be valid for the upcoming school year and will apply to that school year only.
8. Initial/first dose of any medication will not be administered in the clinic.
9. Medication must be kept in the school clinic and administered by designated GISD personnel.
10. No medication will be sent home with a student. Parents/Guardians must pick up all medications whether prescription or over-the-counter.
11. Scheduled medications that can be administered at home will not be administered at school unless a specific time of administration during school hours is prescribed by a physician.
12. A student may be allowed to self-carry and self-administer emergency medication as long as the appropriate self-carry form is received by the clinic. The form must be completed and include all required signatures.
13. GISD personnel will not administer any medications that are not FDA approved. This includes but is not limited to herbal substances, anabolic steroids and dietary supplements. Exceptions may be granted if prescribed by a physician and required by the IEP or Section 504 plan of a student with a disability. Reliable information must be provided in writing and signed by the prescribing physician regarding the safe use of the product including side effects, toxicity, drug interactions and adverse effects.

In accordance with the Nurse Practice Act; Texas Administrative Code, Section 217.11, the Registered Nurse and the Licensed Vocational Nurse have the responsibility and authority to refuse to administer medications that, in the nurse's judgment, are contraindicated for administration to the student.