



ARLINGTON CLASSICS ACADEMY

Dear Parents/Guardians,

For students who take daily medications at home, please bring their medications in a zip lock baggie with their name to the front office and drop them off with Nurse Simpson no later than 12:00 pm Friday 4/19/2024. Medications will not be accepted the day of the field trip. A Consent for Medication Administration will need to accompany each medication that the student takes. ALL MEDICATIONS are required to have the original rx label, in original container and within date (no expired medications including inhalers). Over the Counter medications are also required to be in the original container with a current date. Parents also need to send allergy medications if they feel their student will need it. **Staff/Teachers will only give Benadryl for EMERGENCIES ONLY (insect bites, allergic reactions, anaphylaxis) and not for runny noses, sneezing and coughing.**

Parent chaperones can administer medications (rx and otc) to their own children. Do not give any medications to other students i.e. Ibuprofen, Tylenol, stomach aids, vitamins etc.

Please feel free to call or email if you have any questions.

Kim Simpson RN
Arlington Classics Academy
Middle School Campus
(817) 987-1909



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Medication Consent Form

- ❖ All prescription and over the counter (OTC) medication must be accompanied by a completed medication consent form, and turned in to the school nurse.
❖ A parent/guardian must deliver and pick up medication from the nurse's office.
❖ For controlled substances (ADD/ADHD medication, prescription pain medication, etc.), medication will be counted in the presence of a parent/guardian, and both the parent/guardian and school employee will sign for the medication.
❖ Medication must be in ORIGINAL, properly labeled containers. ALL prescribed medications must have a prescription label that clearly states the student's name, name of medication, and directions for dispensation.
❖ ACA employees will not administer expired medications, nor will they be required to administer any medication that exceeds recommended dosage.
❖ Sample containers of medications provided by a physician's office will require a physician's written order with student's name, name of medications, and directions for dispensation.
❖ ACA employees will not administer any substance not approved by the FDA, including, but not limited to: home remedies, plants, herbs, and vitamins.
❖ A new prescription label will be required for any permanent medication changes.
❖ The first dose of medication must be given at home in case of unexpected adverse reactions.
❖ Medication MAY be given by non-licensed, trained personnel.
❖ Medication must remain in the nurse's office in a locked cabinet (with the exception of epi-pens, asthma inhalers, and diabetic medication and supplies).
❖ NO STUDENT may carry any medication on their person unless a completed Self-Administration packet is on file with the nurse. This paperwork can be obtained on the ACA website, or from your student's school nurse.
❖ An adult must pick up the medication by the last day of school, or it will be destroyed according to district policy. Student medication will not be stored at school over the summer.
❖ Parents should refer to Student Policy, Student Handbook, and Student Code of Conduct for more information.
❖ The Texas Nurse Practice Act requires clarification of any medication order that the school nurse has reason to believe is inaccurate, non-efficacious, or contraindicated, by consulting with the appropriate licensed practitioner.

Student Name: _____ Grade: _____

Name of Medication: _____ Dose: _____

Time(s) to be given: _____ Additional Information: _____

*By signing below, I attest that I have read, understand, and agree to all of the above conditions. I also attest that I understand that, should I disregard any of the above conditions, ACA may not administer my student's medication. I relieve the school of any responsibility for the benefits or consequences of the medication and acknowledge that the school bears no responsibility for ensuring that the medication is taken.

Parent/Guardian Signature: _____ Date: _____

Nurse's Notes:

Empty rectangular box for Nurse's Notes.