

Friendswood Independent School District  
**Administration of Medications at School**  
**ONLY ONE MEDICATION PER FORM – ALL BOXES MUST BE COMPLETED**

Parents,

Your child may have an illness or condition which requires medication for relief or cure that does not prevent his/her attending school. When possible, such medication should be scheduled to be taken at home. However, according to the Texas Laws and Friendswood ISD Board Policy, a medication may be dispensed to a student by school personnel. The following requirements must be met by the parent or legal guardian requesting this service.

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 **MD, DO, APRN, PA, Dentist, or Podiatrist** 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 personnel upon delivery and pickup.
2. **Over-the-counter medication** must be unexpired and in the original, properly labeled container.
  - a. Order must be written/signed by a **MD, DO, APRN, PA, Dentist, or Podiatrist** licensed to practice in the state of Texas.
  - b. A new order is required for any dosage or medication change on medication.
3. **All prescription and over-the-counter medication to be administered or kept at school must be accompanied by a written order signed and dated by the prescribing physician AND the parent or guardian requesting this service. License accepted by the Texas board of Nursing includes; MD, DO, APRN, PA, Dentist, or Podiatrist.**
4. There will be no more than one medication per properly labeled container.
5. All Medications will be stored in a locked cabinet and dispensed in the school clinic. Exceptions must be approved by appropriate school authorities in advance.
6. If at all possible, medication will be delivered and picked up by an adult.
7. Non FDA approved medications, vitamins or herbal supplements will not be given unless the student has an IEP with a physician's (MD, DO, APRN, PA, Dentist or Podiatrist) order for the medication to be given at school.
8. In accordance with the Texas Nurse Practice Act, Rule 217.11, the school nurse has the responsibility and authority to clarify any medication order with appropriate licensed practitioner and/or refuse to administer medication that, in the nurse's judgment, is not in the best interest of the student.

**Friendswood ISD Nursing Staff:**

Kirstin Leeper, RN  
Bales

Randi Pipes, BSN, RN  
Windsong

Sandy Mertel, RN  
Laura Migl, BSN, RN  
FHS

Kristina Brown, RN  
Jennifer Hammerle, RN  
Cline Elementary

Katherine Gautreaux, RN  
Westwood

Michelle Hernandez, RN  
Tamara Dixon, RN  
FJH

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**Administration of Medications at School**

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**Permission to Administer Prescription or Non-Prescription Medication at School**

<b>Student Name</b> (Last) _____ (First) _____ (MI) _____	<b>DOB</b> _____
<b>Grade</b> _____ <b>Teacher</b> _____	<b>Scheduled</b> _____ <b>As Needed</b> _____
<b>Type of Medication</b> Prescription _____ Non- Prescription _____	<b>Name of Medication</b> _____
<b>Strength of Medication</b> _____	

<b>Date to Begin Medication</b> _____	<b>Date to End Medication</b> _____	<b>Time to be Given</b> _____	<b>Amount to be Given</b> _____
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**Reason medication is being given** \_\_\_\_\_

**Route of Administration**  
Oral \_\_\_\_\_ Inhalation \_\_\_\_\_ Topical \_\_\_\_\_ IM \_\_\_\_\_ SQ \_\_\_\_\_ other: \_\_\_\_\_

<b>Physician's Name</b> _____	<b>Physician's Signature</b> _____	<b>Office phone</b> _____	<b>Date</b> _____
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**Physician's Remarks:** \_\_\_\_\_

Parents/Guardians – Please send only the amount the student needs to take at school in properly labeled, original container. Medication will be discarded at the end of the year, if the medication has not been picked up.

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Phone number of Parent/Guardian \_\_\_\_\_