

Clear Creek Independent School District
Administration of Medications at School

Parents,

Your child may have an illness 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 Clear Creek 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. All prescription drugs and sample drugs dispensed through a physician's office must be in their original pharmacy container or packaging and labeled by the pharmacist or physician. The label must include:
 - a. The student's name
 - b. The physician's name
 - c. The name and strength of the drug
 - d. Amount of drug to be given
 - e. Frequency of administration
 - f. Date prescription was filled
2. All non-prescription drugs must be in their original container. The written request for administration of these over-the-counter drugs, made by parent, guardian, or physician, must contain the following information:
 - a. Full name of student
 - b. Name of drug
 - c. Dosage must comply with manufacturer's recommendations
 - d. Scheduled hours when the drug is to be given
 - e. Reason drug is to be given
 - f. Date
 - g. Appropriate signatures
3. **All prescription and non-prescription drugs to be administered or kept at school must be accompanied by a written request signed and dated by the prescribing physician and the parent or guardian requesting this service.**
4. Medications prescribed or requested to be given three (3) times a day or less are not to be given at school unless a specific time during school hours is prescribed by a physician or the school nurse determines that a special need exists for an individual student.
5. There will be no more than one medication per properly labeled container.
6. 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.
7. Students may not be in possession of prescription or non-prescription medications during school hours or at school-sponsored or school-related activities, on or off campus. [See exceptions per FFAC(REGULATION)]
8. Non FDA approved, legal, natural and/or homeopathic-like products will not be dispensed by school district personnel without a physician's order.
9. No narcotics will be dispensed at school.
10. 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.

Permission to Administer Prescription or Non-Prescription Medication at School

Student Name (Last)		(First)		(MI)	DOB
Grade		Teacher			
Type of Medication <input type="checkbox"/> Prescription <input type="checkbox"/> Non-Prescription			Name of Medication		
Date to Begin Medication	Date to End Medication	Time to be Given		Amount to be Given	
Reason medication is being given					
Form of Medication <input type="checkbox"/> Tablet <input type="checkbox"/> Capsule <input type="checkbox"/> Liquid <input type="checkbox"/> Inhalant <input type="checkbox"/> Other (list)					
Physician's Name		Physician's Signature		Office Phone	Date

Physicians Remarks: _____

Parents/Guardians – Please send only amount student needs to take at school in properly labeled, original container, so that student will not be required to carry medication back and forth from home to school. No controlled substances may be sent home with a student. When the period for administering the medication expires, the medication must be picked up by the parent, legal guardian, or other person having legal control of the student. Medication will be discarded if it is not picked up within thirty (30) calendar days after the period for administering it has expired or the school year has ended, whichever occurs first.

Parent/Guardian Name		Parent/Guardian Signature		Date
Home Phone		Mobile Phone		Work Phone