MILLSAP ISD
Your child. Their dreams. Our mission.

GUIDELINES FOR ADMINISTRATION OF MEDICATION AT SCHOOL

All medications should be given at home if possible. The initial dose of any medication should be administered at home, doctor's office or hospital. Administration time of medication should be adjusted so that only one dose will need to be administered at school.

All medications must be checked in to the clinic.

1. **All Medication must be FDA approved.**
2. All prescription medication must be:
   a. Provided by the parent/guardian and accompanied by a signed permission slip.
   b. In its original container, properly labeled and given according to label directions.
   c. Inhalers must be kept in the nurse's office. A student may only carry an inhaler if a physician's order is provided to the school. In the event that a student must carry an inhaler, an additional inhaler should be kept in the nurse's office.
3. All over the counter medication must be:
   a. Provided by parent/guardian and accompanied by a signed permission slip.
   b. In its original, age-appropriate container and will only be administered according to label directions.
   c. Will not be given after 10 consecutive doses or 10 days, whichever is first, without a physician's order.
4. All sample prescription medication must be:
   a. Provided by parent/guardian and accompanied by a signed permission slip.
   b. In its original container, and will only be administered with a physician's order.
5. All alternative medicine must be:
   a. Provided by parent/guardian and accompanied by a signed permission slip.
   b. In its original container, accompanied by a patient information sheet listing ingredients, actions, and side effects.
   c. Will only be given with a physician's order including dosage information.
   d. Administered only if required by IEP or Section 504 plan of student with disabilities.
6. The District cannot assume any responsibility for loss or negligent behavior when a student carries his/her medication without knowledge of the nurse.
7. Any medication not picked up by a parent/guardian at the end of the year will be discarded.

PARENTAL REQUEST FOR MEDICATION ADMINISTRATION DURING SCHOOL HOURS

In order for this student to remain in school, it is necessary that the following medication be given during school hours as directed.

STUDENT NAME_____

TEACHER/GRADE_____DATE OF BIRTH _____

MEDICATION ALLERGIES: _____

NAME OF MEDICATION_____DOSE_____TIME_____

NAME OF MEDICATION_____DOSE_____TIME_____

NAME OF MEDICATION_____DOSE_____TIME_____

I request that the medication specified above be administered to my child.

SIGNATURE OF PARENT/GUARDIAN_____DATE_____

PHONE NUMBER(S)_____