WHITE SETTLEMENT
INDEPENDENT SCHOOL DISTRICT

GUIDELINES FOR ADMINISTRATION OF MEDICATION &
SPECIALIZED HEALTH CARE PROCEDURES AT SCHOOL

If possible, it is best for all medication to be given at home.
If necessary, medication will be given at school with the following provisions:

1. All prescription and nonprescription medication and equipment needed for administration must be:
   - renewed each school year with parental permission slip, and a Texas health care provider's order.
   - provided by the parent and taken by the parent to the school nurse. No medications should be transported by a student.
   - in its original, properly labeled pharmacy container with the pharmacy label. No baggies will be accepted.
   - within date range, no expired medications or equipment will be accepted.
   - the same medication name, dose, route, time and frequency on the pharmacy label and the health care provider order.
   - placed in a locked cabinet in the nurse's office.
2. Medication, medical equipment including syringes, needles and sharps must be accompanied by a Texas health care provider's order and written parental permission. Please speak with the nurse if your student requires long-term medication or any special health care procedure or monitoring.

   Prescription and non-prescription medication require a Texas health care provider's order and written parental permission for each school year. Each August new orders must be received to administer medication. Also, new Texas health care provider's orders and written parental permission must accompany any changes to the order during the year. All medication must be picked up at the end of the school year, no medication will be held over summer for next year. If medication is not picked up at the end of the school year, it will be discarded.
3. Herbal medications, dietary supplements and other nutritional aids not approved by the FDA may not be administered at school.
4. If deemed medically necessary, a student with asthma or anaphylaxis may be permitted to carry a prescribed and properly labeled asthma or anaphylaxis medication on his/her person only with a health care provider's order stating such and written parental permission must be on file with the nurse. The student must demonstrate to his or her health care provider and to the school nurse the ability to use the prescribed medication, including any devices required to administer the medication prior to the student carrying the medication at school.

Student Name_____ Date of Birth_____
School_____ Grade_____ Teacher_____

TO BE COMPLETED BY HEALTH CARE PROVIDER

MEDICATION NAME/REASON FOR MEDICATION	DOSE	ROUTE	TIME/FREQUENCY	COMMENTS/POSSIBLE SIDE EFFECTS

If the above mentioned is an emergency medication, inhaler or anaphylactic medication (see above note):
The student is both capable and responsible for self-administering this medication: _____ YES _____ NO
The student may carry this medication with them at all times: _____ YES _____ NO

Texas Health Care Provider's Name (please print) _____

Telephone Number _____ Fax Number _____

Texas Health Care Provider's Signature _____ Date_____

TO BE COMPLETED BY PARENT OR GUARDIAN:
I give permission as the parent/guardian of student _____ to receive the above-mentioned medication at school and at all school-related activities, including study trips and road trips. I release the school from any liability for damages resulting from allergic reaction following administration of any medication described above. The school nurse has my permission to exchange health information with any health care provider.
Parent/Guardian Name (please print) _____ Phone _____

Parent/Guardian Signature _____ Date _____

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