LIBERTY HILL INDEPENDENT SCHOOL DISTRICT

301 Forrest Street • Liberty Hill, TX 78642 • Phone: 512-690-8180 • Fax: 1 737-734-1715

Medication Administration At School

Student:_____ Date of Request:_____

Grade:_____ Date of Birth:_____ Medication:_____Dose:_____

Condition for which medication is to be given:_____

Time or Indication for medication:_____ Medication expiration date:_____

Side effects to be noted/reported:_____

Other recommendations:_____

Duration (dates) of administration: From_____ To _____(Limit of one school year)

PLEASE REVIEW THE MEDICATION POLICY ON THE BACK OF THIS FORM BEFORE SIGNING

_____ _____

Physician Signature Phone

_____ _____

Print name Date

PARENT/GUARDIAN AUTHORIZATION

By signing below, I acknowledge that:

1. *I give permission for the designated Liberty Hill ISD personnel to administer this medication in accordance with the physician's instructions above.*
2. *I have read and understand the Liberty Hill ISD Medication Policy.*
3. *I give permission for the school to contact the above health care provider about the administration of this medication.*
4. *I understand that the School District, the Board and its employees shall be immune from civil liability due to allergic reaction or other injuries resulting from the administration to a student, provided such administration conforms to the requirements of this policy.*

_____ _____ Phone

Parent/Guardian name (Print)

_____ _____Date

Parent/Guardian Signature

MEDICATION POLICY

Medication may be administered by designated Liberty Hill ISD personnel in compliance with the policies & procedures outlined below. ***All medication dispensed in the clinic must have a signed physician/health care provider order, including over-the-counter medication.*** *The Nursing Practice Act dictates which licensed medical professionals a registered nurse may carry out medication orders from. At this time, licensed chiropractors are not included, therefore, their orders will not be accepted*

1. Prescription medications should be given **at home** in the mornings so that your student is comfortable and ready to start the school day. Most prescription medications are given 2-3 times a day, at home before school, and /or at home after school and at bedtime.
    a. Prescription order must be written/signed by a physician 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 LHISD personnel upon delivery and pickup.
    d. Prescription medication must be unexpired and in a prescription bottle/box by a pharmacy label that states the student's name, medication name and directions for dispensing the medication.
    e. Parents/guardians must deliver and pick up all medications that are controlled substances to/from the school clinic.
2. Non-prescription medications (OTC) must be unexpired and in the unopened bottle or box.
    a. order must be written/signed by a physician licensed to practice in Texas.
    b. A new order is required for any dosage or medication change on over-the-counter medication.

3. Scheduled medications that can be administered at home will not be administered at school unless a specific time of administration during school hours is prescribed by a physician.
4. Initial/first dose of any medication will **not** be administered in the clinic.
5. No medication will be sent home with a student. Parents/Guardian must pick up all medications whether prescription or over the counter.
6. Medications must be stored in the school health clinic and administered by Health Services personnel or other trained school employees. It is the students responsibility (if age appropriate) to come to the School Health Clinic at the appropriate time to take their medication.
7. **Narcotic pain** medications will not be administered or stored in the school setting. If a student requires narcotics, they are to remain home.
8. A student will be allowed to self-administer inhaled asthma medication, an Epi-pen, or diabetes treatments if the following conditions have been complied with:
    a. Written permission from the physician allowing the student to self-medicate or treat.
    b. Parent and Student understand the school's inability to monitor the student's health condition during the school day while self- medicating or treating.
    c. The student complies with all campus safety policies and will be responsible for possessing their own inhalers, Epi-pens or diabetic equipment / supplies during school hours and after school activities. 9. Health Services personnel will properly dispose of any medication remaining after the close of the school year. 10. No District employee shall administer any medication that is not FDA approved including but not limited to herbal substances, anabolic steroids, oil diffusers, or dietary supplements of any type except: *"Herbal substances or dietary supplements may be administered as prescribed by the physician, provided by the parent, and only if required by the Individual Education Program or Section 504 plan of a student with disabilities".* Dietary Supplements and herbal substances are not FDA approved.

The Nurse Practice Act; Texas Administrative Code, Section 217.11, states that the Registered Nurse and Licensed Vocational Nurse have the responsibility and authority to refuse to administer medications that, in the nurse's judgment, are contra-indicated for administration to that student.

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