



International Leadership of Texas

Medication Policy and Administration Consent

Parents have the primary responsibility of giving their child medication at home. 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 campus nurse determines that a special need exists for an individual student. Requests for the administration of medication by the school personnel, or for the student to carry medication on their person, shall be made as follows: (Texas Education Code 22:052)

- a. **ALL FDA approved medications**, including over the counter, must be in the original container, properly labeled, unexpired container, and accompanied by this completed form.
- b. No Medication shall be carried by student, unless considered emergency med (such as inhaler & epinephrine) and with approved and completed “Self-Carry form”. [Self Carry Medication form](#)
- c. Any controlled substance or “scheduled V” medication **MUST** be handed to the school nurse by the parent/guardian and have a medication count conducted at that time. *(This includes, but is not limited to, narcotics, ADHD medication, psychotropic and/or psychiatric meds)*
- d. No dietary supplements, performance boosters, herbal remedies, homeopathic treatments, vitamins, essential oils etc, will be allowed on ILTexas campus, school events, or trips.
- e. Any changes to a dose will require a new form.
- f. Any unused medication must be picked up by the parent/guardian by the end of the school year, or it will be discarded properly by the school nurse.
- g. ILTexas does NOT supply ANY medication to students.
- h. Any medications found with a student that do not comply with these regulations will be considered contraband, will be confiscated, and the student will be subject to disciplinary measures. Under NO circumstances will students share medications

All prescription medications must be prescribed by a licensed professional in the state of Texas (MD, DO, DDS, APN, PA) and be written in English. Medications filled out of the state and/or country cannot and will not be accepted.

The Nurse Practice Act of Texas requires the clarification of any order/treatment/regimen that the Nurse has reason to believe is inaccurate, non-efficacious, or is contraindicated. Nurses reserve the right to consult the physician on a case-by-case basis for verification.

By signing this document, I attest that I have read and understood the above regulations and policies.

Parent/Guardian Signature: _____

Date: _____



INTERNATIONAL LEADERSHIP OF TEXAS
Health Services
Physician's Order for Medication

Student's Name: _____ DOB: _____ Student ID#: _____

This form will only be valid for the _____ school year

*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 campus nurse determines that a special need exists for an individual student.

Name of Medication and strength: _____	
Dosage: _____	Route of Administration: _____
Frequency: _____	Time to be given: _____
Reason medication being given: _____	

Name of Medication and strength: _____	
Dosage: _____	Route of Administration: _____
Frequency: _____	Time to be given: _____
Reason medication being given: _____	

Printed/Stamped Name of Physician

Physician's Signature

Date

Physician's Phone Number

Physician's Fax Number

Note: Adjustment of the medication requires a new form to be filled out. Discontinuation of a medication requires a written, signed physician's order. The Nurse Practice Act of Texas requires clarification of any order that the nurse has reason to believe is inaccurate, non-efficacious, or contraindicated by consulting with the appropriate licensed practitioner.

**** To Be Completed by Parent ****

Unused medication will be disposed of properly if it is not picked up by the end of the school year.

I hereby give my permission for my child to take the medication as ordered above during the school day.

Signature of Parent/Guardian

Date

For OFFICE use only: Med entered in EMR Scanned and uploaded Updated Health Condition
 Date med picked up _____ Date med disposed _____



International Leadership of Texas

Medication Accountability Record

STUDENT NAME: _____ DATE: _____

Medication Name: _____

Count at Drop off: _____ Date: _____ (int) _____

Count at Pickup: _____ Date: _____ (int) _____

Count at Drop off: _____ Date: _____ (int) _____

Count at Pickup: _____ Date: _____ (int) _____

Prescription as written by Physician: *(Medication must be in original container, with prescription label)*

Name and Phone of Physician:

By signing this form, I attest that I am fully aware of the need for this medication, as well as the Medication Policies/Procedures of International Leadership of Texas.

Parent/Guardian Printed Name: _____ Initials _____ Date: _____

Parent/Guardian Signature: _____

Nurse Printed Name: _____ Initials _____ Date: _____

Nurse Signature: _____