

Tomball Independent School District
Request for Administration of Medication during Instructional Hours.

In order to keep this student in optimal health and to help maintain school performance, it is necessary that the medication/s be administered during school time.

Please see attached for medication guidelines

NAME OF STUDENT: _____ BIRTHDATE: _____

HOMEROOM TEACHER: _____ GRADE: _____

1. **NAME OF MEDICATION:** _____ **STRENGTH:** _____

DOSAGE TO BE ADMINISTERED: _____

TIME TO BE ADMINISTERED: _____ **EXP. DATE:** _____

AMOUNT BROUGHT TO SCHOOL: _____ **DATE:** _____

2. **NAME OF MEDICATION:** _____ **STRENGTH:** _____

DOSAGE TO BE ADMINISTERED: _____ **EXP. DATE:** _____

TIME TO BE ADMINISTERED: _____

AMOUNT BROUGHT TO SCHOOL: _____ **DATE:** _____

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.

I give permission for Tomball ISD personnel to give the above medication(s). The school nurse has my permission to consult Dr. _____ with questions regarding this medication. I acknowledge that I have read and understand the medication guidelines provided to me by the nurse. I will not hold any Tomball ISD personnel responsible for any reaction my child may have to the medication(s) I am requesting to be administered.

PARENT/GUARDIAN NAME: _____ **DATE:** _____
(PLEASE PRINT CLEARLY)

PARENT/GUARDIAN SIGNATURE: _____

HOME PHONE: _____ **CELL OR WORK PHONE:** _____

PHYSICIANS NAME: _____ **PHYSICIANS PHONE:** _____
(PLEASE PRINT CLEARLY)

PHYSICIANS SIGNATURE (IF APPLICABLE): _____

MEDICATION GUIDELINES

All medication should be given outside of school hours if possible. Only medication, which enables a student to stay in school, may be brought to school. **All medications must be brought by a parent or guardian.** Medication can be administered at school under the following conditions:

1. Medications must be in the original container, properly labeled for that student.
2. All medications will be checked in and locked up by the nurse or her designee. Only medications for possible life-threatening conditions may be carried by the responsible student, and only after appropriate documentation has been completed with the school nurse.
3. Medications will not be administered without a specific written request signed by the parent/guardian. **A written order from the treating physician for the medication may be requested by the school nurse.**
4. Only those medicines appropriate for that age child will be administered.
5. Medications that can be given before or after school hours should be given at home. Should your health care provider feel that your student needs the medication during school hours; the medication will be given only after receiving written request from your health care provider.
6. It is the parent's responsibility to monitor the amount of medication sent to school and to resupply that medication when it is low/depleted if it is to continue to be taken by the student at school.
7. Treatments must be requested in writing by the parent. The school nurse may request the parent to demonstrate the procedure when the request is submitted, and may request written instructions from the treating physician.
8. Failure to comply with medication guidelines may result in disciplinary action for the student.
9. We do reserve the right to refuse administration of medication /treatment if it conflicts with our professional judgment.

PRESCRIPTION MEDICATIONS:

1. Prescription medication must be a current prescription that is being given within the time frame ordered by the physician or dentist, and has not expired in strength.
2. Sample prescription medications given to the student by the treating physician or dentist may be administered at school **ONLY** if the container is labeled for content, specific dosage directions, specific time/s to be administered and contains the student's name. A note of instruction signed by the physician/dentist as well as the parent is required.
3. All prescription medication must be prescribed by a physician/dentist who is licensed to practice in the United States. All prescriptions must be filled in the United States and must be FDA approved.

NON-PRESCRIPTION MEDICATIONS:

1. Samples of non-prescription medication given to the student by the treating physician/dentist may be administered at school **ONLY** if the container is labeled for content, specific dosage directions, specific time/s to be administered and contains the student's name. A note of instruction signed by the physician/dentist as well as the parent is required.
2. Over-the-counter medicines must be of United States origin and must be FDA approved.
3. A student who requests an excessive amount of medication may be referred to his/her physician for further examination to rule out an underlying medical condition.

ESSENTIAL OILS, DIETARY AND HERBAL SUPPLEMENTS:

Tomball ISD nurses/employees will administer essential oils, herbal, or dietary supplements **only if it is required by the student's individualized education program (IEP) or Section 504 plan** for a student with disabilities and it is provided by the parent. A physician's note of instruction will be required. Otherwise, parents may go to their child's school to administer herbal or dietary supplements if they feel it is necessary for the student during the school day. Section 38.011 of the Texas Education Code prohibits school employees from selling or distributing dietary supplements containing performance-enhancing compounds to students. It also prohibits school employees from endorsing or suggesting the use of such dietary supplements.