



# LEANDER INDEPENDENT SCHOOL DISTRICT REQUEST TO ADMINISTER MEDICATIONS

## REQUEST TO ADMINISTER MEDICATION

I request that designated personnel of Leander ISD administer the medication listed below to my child according to the label and/or physician instructions. I agree to furnish an adequate amount of medication in the original container. I understand that Leander ISD personnel will protect my child and not administer medication if this form is not completed or the medication is not furnished as required.

**Please note: Non-Prescription/Prescription Medication cannot be sent home with the Student**

At the end of the school year (circle one):

Dispose of medication

Parent will pick up

\*\*\*\*\*Note: All remaining medications will be disposed of on the last day of school\*\*\*\*\*

See back for more detailed information. Call your campus clinic at \_\_\_\_\_ for any questions.

Completed requests can be faxed to \_\_\_\_\_.

### Prescription Medication

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Dosage: \_\_\_\_\_

Condition for which the medication is prescribed: \_\_\_\_\_

Time(s) to be given at school: \_\_\_\_\_ Do not administer after the following date: \_\_\_\_\_

Side effects: \_\_\_\_\_

Physician's printed name: \_\_\_\_\_ Physician's Signature: \_\_\_\_\_

Physician's Telephone: \_\_\_\_\_ Physician's Fax: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission to my child's school to administer the prescribed medication in accordance with the physician's instructions above. I also give permission for the school to contact the above health care provider about the administration of this medication. 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 of medication to a student, provided such administration conforms to the requirements of this policy.

Parent/Guardian Printed Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_ Date: \_\_\_\_\_

### Non-Prescription Medication

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Dosage: \_\_\_\_\_

Time(s) to be given at school: \_\_\_\_\_ Do not administer after the following date: \_\_\_\_\_

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 of medication to a student, provided such administration conforms to the requirements of this policy.

Parent/Guardian Printed Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_ Date: \_\_\_\_\_



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## MEDICATION PROCEDURES

Medication may be administered at school with:

1. A parent or guardian's written request that there is a need for medication during the school day and **the parent brings the medication to the clinic**. This includes both prescription and over-the-counter medications.
2. **No medication is provided by the school.**
3. Medication must be kept in the school clinic and administered by the school nurse, health assistant or school employee.
4. **No medication will be sent home with a student.** Parents/Guardians must pick up all medications whether prescription or over-the-counter.
5. Over-the-counter medication must be in the original bottle or box with the label intact and non-expired. Dispensing directions regarding age, dose and frequency will be strictly adhered to. Request to alter the standard dosage or frequency on over-the-counter medication must be accompanied by a physician's written note and signature.
6. Prescription medication must be in the original container and non-expired. It must be properly labeled in a prescription bottle/box with the student's name, medication name, directions for dispensing the drug and written by a physician licensed to practice in the United States. **A physician's signature is required for any dosage or medication change on prescription medication. All PRN (as needed) *prescription* medications will need a physician's signature.**
7. Short-term prescription medication can be administered for up to 10 consecutive days without a physician's signature. The prescription label can be no more than 7 days old upon receipt by the school clinic. A written request/signature from a physician must be obtained if the medication needs to be administered for more than 10 days.
8. Medications (controlled substances) will be counted by the school nurse or the health assistant upon arrival at school and documented as to the number of pills received. Narcotic pain medications prescribed for temporary medical conditions will not be stored or administered in the clinic. Medications must be delivered by the parents/guardians.
9. Medications prescribed or requested to be given three times a day or less **will not** be given at school unless a specific time of administration during school hours is prescribed by a physician.
10. A student may be allowed to self-administer inhaled asthma medication, an Epi-pen, or diabetes treatment **ONLY** if the following conditions have been complied with:
  - a. Written permission from the physician allowing the student to self-medicate or treat
  - b. The nurse has counseled the parent and the student on 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.
11. No district employee will administer herbal substances, anabolic steroids or dietary supplements except as prescribed by a physician if it is required by the IEP or Section 504 plan of a student with a disability. Medication must be provided by student's parent or guardian. Reliable information must be given by the physician regarding the safe use of the product including side effects, toxicity, drug interactions and adverse effects.

\*\*\*In accordance with the Nurse Practice Act; Texas Administrative Code, Section 217.11, the Registered Nurse and the 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 the student.\*\*\*