



The Awty International School
Houston

2005-2006

Guidelines for Administration of Medications at School

Parents,

Your child may have a condition that requires medication for relief or cure that does not prevent his/her attending school. When possible, such medication should be scheduled to be taken at home. However, according to the Texas State Legislature and Awty School Policy, school personnel may give a medication to a student. The parent or legal guardian requesting this service must meet the following requirements:

1. USA prescription or USA non-prescription "as-needed" drugs that need to be taken at school for 15 days or less:
 - a. All prescription drugs must be in their original pharmacy container and labeled by the pharmacist. The label must include:
 1. Student's Name
 2. Physician's Name
 3. Name of Drug
 4. Amount of drug to be given and frequency of administration
 5. Date prescription filled
 - b. All non-prescription drugs must be in their original container. The written request for administration of these must contain the following information:
 1. Student's Name
 2. Name of Drug
 3. Amount of drug to be given
 4. When drug is to be given
 5. Reason drug is given
 6. Date
 7. Signature of parent/guardian
 - c. All prescription and non-prescription drugs to be administered at school for 15 days or less must be accompanied by a written request, signed and dated by a parent or legal guardian. (Form on reverse side)
2. USA prescription or USA non-prescription drugs that need to be taken at school for more than 15 consecutive days:

All prescription and non-prescription drugs to be administered at school for longer than 15 days must be accompanied by a written request signed and dated by the prescribing physician and the parent or guardian requesting this service. (Form on reverse side)
3. Medications prescribed or requested to be given three 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 school nurse determines that a special need exists for an individual student.
4. There will be no more than one medication per properly labeled container.
5. All medications will be stored and given in the school clinic. School nurse must approve exceptions in advance.
6. **No students may have prescription or non-prescription drugs in his/her possession on school grounds during school hours. MS//US students may carry asthma inhalers if approved by their doctor/parent and an asthma action plan is on file in the clinic.**
7. No long-term medication will be administered from or kept in the school health center for more than 15 days unless otherwise prescribed by a physician or dentist.
8. In accordance with the Nurse Practice Act, Texas Code, Section 217.11, no homeopathic medications are allowed. The school nurse has the responsibility and authority to refuse to administer medications that in the nurse's judgment are not in the best interest of the student.
9. Frequent use of as-needed medications such as Tylenol, Advil, etc. may require Doctor's signature as requested by the school nurse.

Please call me if you have any questions about your child's medication needs at school.

Sincerely,

L. Barnard, RN

School Nurse

OVER



The Awty International School
Houston

2005-2006

**AUTHORIZATION FOR ADMINISTRATION OF MEDICINE -
LES FORMULAIRES D'AUTORISATION POUR REGLEMENT SUR LES MEDICAMENTS**

This authorization is for permission to administer prescription, scheduled and or over the counter medications to my child. The medication is listed below and is to be given at a scheduled time. This permission will be effective from August 1, 2005 through August 30, 2006.

Student's name _____
First Middle initial Last

Date of Birth _____ 2005-2006 Grade Level _____

It is necessary for the following medication to be administered regularly during school hours in the form and dosage specified below, in order to maintain this child's physical health and provide maximum school performance.

Name of medication _____

This medication is to be given for the following reason: (e.g. Headache, Strep Throat, Stomach ache)

How long is this medication to be given? (e.g. one week, two days, as needed) _____

Dosage (e.g. one teaspoon, one tablet) _____

Side effects _____

Time medication is to be administered: _____

Please indicate how medication is to be given: By mouth Inhalant Nasal spray
 Injection Topical (e.g. ointment) Other _____

I hereby grant permission for the School Nurse and or a delegated representative at the school to administer the medication named above to my child. The "over the counter" medication and or the prescription medication will be in its original container. The over the counter medication will be labeled with my child's name, grade, section and time of administration. The prescribed medication will be labeled by a U.S. pharmacy with the child's name, name of medication and clear directions for administration.

_____ Date Parent/Guardian signature

Home Phone Number: _____ Cell phone number: _____

Work Phone Number: _____ Pager number: _____

*Physician signature: _____ Phone Number: _____
Date _____

*Physician's signature needed if medication is administered more then 15 consecutive days.