



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 Grace 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. Prescription or 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.
2. Prescription or non-prescription drugs that need to be taken at school for **more than 15 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.** Students may be allowed to carry asthma inhalers, EpiPens, diabetes supplies only if approved by parent and the school nurse, after consultation with student, parent and school nurse.
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, 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.
10. **Expired medication cannot be given at school. All medications must be up to date.**

Please contact the school nurse if you have any questions about your child's medication needs at school.



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Permission for Administration of Medication

This authorization is for permission to administer prescription,
scheduled and/or over the counter medications to my child.

Student

Student Name _____ First _____ Middle Initial _____ Last _____

Date of Birth _____ Grade _____ Teacher _____

Medication

Name of medication _____

This medication is to be given for the following reason _____

How long is this medication to be given? (*daily, one week, 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, 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.

Release of Information

In the interest of having a collaborative effort on behalf of my child's well-being at school, I give permission for the school nurse to exchange health information with the health care provider listed below and teacher(s)/staff as indicated about the medication(s) he/she is receiving.

Parent/Guardian Signature

Date

*Physician Signature

Physician Phone

Date

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