

Bellville ISD Health Policies
Student Health Services
Administration of Medication by Authorized School Personnel

MEDICINE AT SCHOOL

Only authorized employees, in accordance with policies at FFAC, may administer:

- Prescription medication, in the original, properly labeled container provided by the parent/guardian, along with a written request including name of student, name of medication, dosage, date, and parent/guardian signature. Medication will not be administered differently than the label specifies without a new prescription or written documentation from the physician.
- Nonprescription medication, in the original, properly labeled container, provided by the parent along with a written request including name of student, name of drug, dosage, date, and parent/guardian signature. Medication will be administered based on the manufacturer's recommendations for age and/or weight.
- Herbal or dietary supplements provided by the parent only if required by the student's individualized education program (IEP) or Section 504 plan for a student with disabilities.

The district does not accept or administer medications that contain narcotics for the safety of the student(s) and in compliance with the District's Drug Abuse Policy. If a student has been prescribed medication in this category for pain, cough, etc., they are asked to remain at home until they are able to replace the medication with an over-the-counter product or a non-narcotic prescription medication while at school for symptom control.

In certain emergency situations, the district will maintain and administer to a student nonprescription medication but only:

- In accordance with the guidelines developed with the district's medical advisor; and
- When the parent has previously provided written consent for emergency treatment on the district's Registration form.

ALL medications are to be kept in the nurse's office. Medications will be kept in a locked cabinet.

When dispensing medications, the qualified district employee administering the medication(s), will keep records indicating the date, time, dosage, and will initial and provide his/her signature.

At the end of the school year: All medication must be picked from the school clinic by the last day of school. Any medication left at the school will be disposed.

Students violating this procedure will be subject to disciplinary action under the district's drug abuse policy.

Student Information

Name: _____ DOB: _____ Grade: _____ School Year: _____
Homeroom Teacher: _____

Medication Physician Information

Medication Name: _____ Dose: _____ Route: _____ Time(s): _____
Reason for medication: _____ Start Date: _____ Stop Date: _____
Physician Name: _____ Physician Phone: _____

Note: The School Nurse reserves the right to refuse administration of any medication at school if any question regarding student safety arises.

Bellville ISD Health Services Consent for School to Administer Medication

*I give permission that the above medication be administered by school personnel to my above named child according to district policy. Dosage changes must have a new prescription or written documentation from the physician.

**I give my consent for school personnel to contact the above physician/pharmacy if there is a question or clarification needed about this medication.

Parent/Guardian Signature: _____ Date: _____

Parent/ Guardian Phone Number: _____ Parent/ Guardian Email Address: _____