

HARDIN-JEFFERSON INDEPENDENT SCHOOL DISTRICT

REQUEST FOR ADMINISTRATION OF MEDICATION

According to the Texas Law and local School Board Policy FFAC (LOCAL), employees of the district may administer medication to a student provided:

1. The medication and signed medication form must be delivered to and picked up from the clinic by a parent or guardian. No student should transport any medication for safety reasons.
2. The school district has received a written request (as outlined below) for the nurse to administer the medication from the parent or legal guardian.
3. **PRESCRIPTION MEDICATION** must be in the original pharmacy container (properly labeled with the student's name, name of the medication, and the directions concerning dosage and directions for prescribed times) along with a signed medication form.
4. **OVER THE COUNTER MEDICATIONS** will only be given for a limited time with a signed medication form. However, we will not exceed the recommended dosage or administer more than 2 doses per week. Long term use of OTC medications will require a physician's order (including signature) indicating maximum dosage allowed and the condition for which the medication is needed.
5. The student may not carry any medication with him/her OR administer it to himself/herself unless a doctor sends a signed order/Action Plan.
6. The initial dose of a new medication should always be given at home.

NO MEDICATION (including Tylenol, Advil, Neosporin or burn cream) will be administered until the above requirements are met.

Medication forms are only valid for one year and all medications must be picked up on or before the last day of school. We are unable to store medications over the summer so any medication that is not picked up will be disposed of appropriately.

The School District, its Board of Trustees, and its Employees cannot assume responsibility for adverse reactions to medications. If you have any questions, please call your school nurse.

Student's Name _____ Grade _____

Campus _____ Medication allergies _____

Name of Medication _____

Dosage _____ Time to be given _____

Condition for which medication is given _____

Signature of Parent

Date