Medication Administration

Midway ISD **does not** purchase medication for students. When medication is brought to the school from home, it is desirable that the initial daily dose of medication be administered by the parent/guardian at home. Subsequent doses of medication may be administered by the school nurse, nurse assistant, or designated trained personnel, provided the following requirements are met by the parent or legal guardian.

1. All prescription and/or non-prescription medications that need to be given at school for 10 consecutive days or less require:
   - Student's Name
   - Name of medication
   - Amount (Dose) of medication to be given at school & frequency of administration
   - Reason medication is administered
   - Date(s) to be given
   - Signature of parent/legal guardian
2. All prescription and/or non-prescription medications that need to be given at school for more than 10 consecutive days require the same information as above, in addition to a physician's signature.
3. Prescription medication must be in the original container and be labeled by the pharmacist. All non-prescription medication must also be in the original container.

All medication administered at school, prescription or non-prescription, must be accompanied by the Midway ISD's Medication Administration Request form. This form can be found on Midway's website, http://www.midwayisd.org, under the parent tab on the main page.

All medications must be stored in a locked cabinet in the school clinic. Requests for exceptions must:

- Be limited to medications for severe life threatening symptoms
- Be approved by the principal or school nurse
- Be accompanied by a written request from the prescribing physician and parent/legal guardian
- Have an appropriate plan for the life threatening situation for which it is prescribed completed and approved by the school nurse

If at all possible, medication should be administered at home. Should a question arise regarding medications or any issue, the school nurse may call the physician, pharmacist, and/or the parent/legal guardian for clarification. **In accordance with the Nurse Practice Act, Texas Administrative Code 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. In accordance, herbal medications will not be administered by the school nurse or school personnel.**

Medications prescribed to be given three times a day or less **will not** be given at school unless a specific time during the school hours is prescribed by the physician, or the school nurse determines that a special need exists for an individual student.

Only medication prescribed by a physician licensed to practice medicine in the United States is acceptable for school use. Medications from other countries **will not** be administered by school personnel.

Only **one medication** per properly labeled container is allowed.

A dosage change requires a new medication order from the parent/guardian and prescribing physician.

Requests for administration of medication expire at the end of the school year. Any medication not picked up by the last day of school will be discarded by the nursing staff.

MEDICATION ADMINISTRATION REQUEST
For Anaphylactic Medications

DATE_______________

NAME OF STUDENT____

CONDITION BEING TREATED____

NAME OF MEDICATION____

DOSAGE AND ROUTE OF MEDICATION________________________________

TIME OF ADMINISTRATION OF DRUG AT SCHOOL____________________

SPECIAL INSTRUCTIONS OR POSSIBLE REACTIONS__________________
____

MEDICATIONS GIVEN AT SCHOOL MAY BE ADMINISTERED BY A MEDICALLY UNTRAINED DESIGNATE OF THE SCHOOL OR THE SCHOOL NURSE.

_____________________________ ________________________________
PHYSICIAN'S NAME (PRINT) **PHYSICIAN'S SIGNATURE**

PHYSICIAN'S TELEPHONE NUMBER_______________________________

I give my permission for school staff to administer the medication as prescribed above.

Parent/Guardian Signature_____

Daytime Phone Number__________________________________

SELF-ADMINISTRATION OF ANAPHYLAXIS MEDICATIONS:
I HAVE INSTRUCTED THE STUDENT IN THE PROPER WAY TO USE HIS/HER ANAPHYLAXIS MEDICATION. IT IS MY PROFESSIONAL OPINION THAT HE/SHE SHOULD BE ALLOWED TO CARRY AND/OR SELF-ADMINISTER THE MEDICATION WHILE ON SCHOOL PROPERTY OR AT SCHOOL RELATED EVENTS.

PHYSICIAN'S SIGNATURE____

I AGREE THAT THE ABOVE NAMED STUDENT IS PROPERLY TRAINED IN THE USE OF HIS/HER ANAPHYLAXIS MEDICATION AND REQUEST THAT HE/SHE BE ALLOWED TO CARRY AND/OR SELF-ADMINISTER THE MEDICATION WHILE ON SCHOOL PROPERTY OR AT SCHOOL RELATED EVENTS.

PARENT'S SIGNATURE____