

LVISD
REQUEST TO ADMINISTER MEDICATION

Student's name: _____ Age _____ Grade _____

I request that designated personnel of Lago Vista ISD administer the medication listed below to my child according to the label and/or physician instructions.

ALL MEDS MUST BE IN ORIGINAL UN-OPENED CONTAINERS.

LOOSE MEDICATIONS SENT IN BAGGIES WILL NOT BE GIVEN

THE SCHOOL **DOES NOT** STOCK ANY NON-PRESCRIPTION MEDS FOR STUDENTS

Please remember these requirements

Non-prescription meds:

- Must be in UN-OPENED CONTAINERS. No partially used containers will be accepted
- Must include manufacturer's dosing instructions. Single-dose, blister pack style is allowed only if in original box
- Must be age appropriate
- Must be non-expired

Prescription meds:

- Must have pharmacy label intact with student's name and dosing instructions clearly readable
- Must be non-expired

Non-Prescription Medication

Name of Medication: _____

Dose/Frequency Per manufacturer's recommendation Other _____

Reason for medication: Aches / pains Allergies/cold Other _____

Prescription Medication

Name of Medication: _____ Dose _____

Reason for medication: _____ Time(s) to be given _____

Parent Printed Name _____ Phone _____ Date _____

Parent Signature _____ E-mail _____

At the end of the school year- (check one): School will dispose of meds Parent will pick up Child may bring home

**** **PLEASE NOTE: All remaining medications will be disposed of on the last day of regular classes.** ****

ADMINISTERING MEDICATIONS

Lago Vista ISD medication procedures are designed to insure compliance with the Texas Education Code. Parents are encouraged to schedule the administration of medicine in such a manner that medication required at school is kept to a minimum. **However, if it becomes necessary for your child to take medication during the school day, the following procedures MUST be followed.**

1. **WRITTEN REQUEST IS REQUIRED** by the parent or guardian for a child to take any medication at school. For parent convenience, LVISD Medication Permission forms are available in the student health office or for download from the school website.

Hand-written notes from home must include the same information as our standard form...

- | | | |
|---|-----------------------|-------------------------|
| > Child's Name | > Medication Name | > Reason for Medication |
| > Dosage | > Time to be given | > Date to start |
| > Parent's printed name | > Parent's signature | > Parent's phone |
| >What you want done with the medication at the end of the year... | | |
| ... Parent pick-up | ... Student take home | ... School Dispose |

2. **ALL MEDICATIONS MUST BE PROVIDED BY PARENTS** - **LVISD will not provide ANY medications** such as Tylenol or Advil. Space is at a premium in our student health office so we ask our parents to *please* send in the smallest size container as is practical.
3. **Medication** is to be taken directly to the Student Health office. **No student is allowed to carry medication** unless specifically arranged with the nurse and a Student Self-Carry form is completed by their parent/guardian. (Examples: Insulin, Epi-pens, inhalers)
4. **Inhalers**: While it is generally good practice for medication to be stored in the health office, there are times when it is in the best interest of the child to carry an inhaler. Inhalers may be held for students by school staff outside of the Health Office.
5. **Prescription Medications** must be in the pharmacy container with a current prescription label containing the child's name and not be expired by date. Any changes in dosage or time of administration must be clarified by a physician's note.
6. **Non-Prescription Medications** must be in **UN-OPENED CONTAINERS**. Single-dose blister pack style is allowed only if in original box with dosing instructions. Must be age appropriate and non-expired.
7. **No Herbal** products, trial medications, medications from another country or in a language other than English will be dispensed.
8. **If there is any discrepancy** that might cause harm to the student, the nurse/office will refuse to administer the medication until clarification is received. The nurse will attempt to contact the parents, doctor or pharmacy to obtain clarification. If still in doubt, the medication **WILL NOT** be given.