Katy Independent School District

Administrative Regulation for Administration of Medications at School

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Your child may have an illness which 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 Katy ISD Board of Trustees policy, a medication may be dispensed to a student by school personnel. The following requirements must be met by the parent or legal guardian requesting this service.

1. **Prescription or non-prescription 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.** (Form below)
2. **Prescription or non-prescription drugs** that need to be taken at school for **more than 15 days.**
   a. 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 below)
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 dispensed in the school clinic. Exceptions must be approved by proper school authorities in advance.
6. No student may have prescription or non-prescription drugs in his/her possession on school grounds during school hours.
7. No medication will be administered from or kept in the school clinic for more than 15 days unless otherwise prescribed by a physician or dentist.
8. Natural and/or homeopathic-like products not FDA approved will not be dispensed by school district personnel
9. 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.

Physicians – Parent Permit to Administer Prescription or Non-Prescription Medication at School for More Than 15 Days

Student Name: Last	First	MI	Age

Grade	Teacher

Reason student receiving medication		
Name of medication	Dosage	Date to DC
Possible toxic reactions		
Form of medication ❑ Tablet ❑ Pill ❑ Capsule ❑ Liquid ❑ Inhalant	❑ Other	
Feedback requested ❑ Yes ❑ No	How often	
Physician signature	Date	Telephone ( )

This is the school's permission to give (student name)	the above medication as prescribed by Dr. (physician name) as he directs.
Parent/Guardian signature	Date
Home telephone ( )	Work telephone ( )

Medication Discontinued
Date:________________

Clinic Use Only
Dosage/Time Changes

Medication Restarted
Date:________________

Date: ______________ Change From: ______________________ To: ______________________ Int. ________

Date: ______________ Change From: ______________________ To: ______________________ Int. ________

Date: ______________ Change From: ______________________ To: ______________________ Int. ________

Date: ______________ Change From: ______________________ To: ______________________ Int. ________

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