bayarea CHRISTIAN SCHOOL
Bay Area Church
& Christian School
4800 West Main Street
League City, TX 77573

PERMISSION TO ADMINISTER MEDICATION

Parents,

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 laws and Bay area Christian School Policy, a medication may be dispensed to a student by a school nurse. The following requirements must be met by the parent or legal guardian requesting this service.

1. All prescription drugs and sample drugs dispensed through a physician's office must be in their original pharmacy container or packaging and labeled by the pharmacist or physician. The label must include:
a. The student's full name
b. The physician's name
c. The name and strength of the drug
d. Amount of drug to be given
e. Frequency of administration
f. Date prescription was filled

2. All non-prescription drugs must be in their original container. The written request for administration of these over-the-counter drugs, made by parent, guardian, or physician, must contain the following information:
a. Full name of student
b. Name of drug
c. Dosage must comply with manufacturer's recommendations
d. Scheduled hours when the drug is to be given
e. Reason drug is to be given
f. Date
g. Appropriate signatures

3. All prescription and non-prescription drugs to be administered or kept at school for longer than 10 consecutive days must be accompanied by a written request signed and dated by the prescribing physician and the parent or guardian requesting this service.

4. All prescription and non-prescription drugs to be administered at school for 10 consecutive days or less must be accompanied by a written/online request, signed and dated by a parent or legal guardian.

5. Medications prescribed or requested to be given three (3) 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.

6. There will be no more than one medication per properly labeled container.

7. All medications will be stored in a lockable cabinet and dispensed in the school clinic. Exceptions must be approved by appropriate school authorities in advance.

8. Students may not be in possession of prescription or non-prescription medications during school hours or at school-sponsored or school-related activities, on or off campus. See exceptions per FFAC(LEGAL).

9. Natural and/or homeopathic-like products not FDA approved will not be dispensed by school district personnel without a physician's order.

10. No narcotics will be dispensed at school.

11. In accordance with the Texas Nurse Practice Act, Rule 217.11, the school nurse has the responsibility and authority to clarify any medication order with appropriate licensed practitioner and/or refuse to administer medication that, in the nurse's judgment, is not in the best interest of the student.

Permission to Administer Prescription or Non-Prescription Medication at School

Student Name (Last)	(First)	(MI)	DOB

Grade	Teacher

Medication 1:

Type of Medication ◯ Prescription ◯ Non-Prescription		Name of Medication	
Date to Begin Medication	Date to End Medication	Time to be Given	Amount to be Given
Reason medication is Being Given			
Form of Medication ◯ Tablet ◯ Capsule ◯ Liquid ◯ Inhalant ◯ Other (list)			
Physician's Name	Physician's Signature	Office Phone	Date

Medication 2:

Type of Medication ◯ Prescription ◯ Non-Prescription		Name of Medication	
Date to Begin Medication	Date to End Medication	Time to be Given	Amount to be Given
Reason Medication is Being Given			
Form of Medication ◯ Tablet ◯ Capsule ◯ Liquid ◯ Inhalant ◯ Other (list)			
Physician's Name	Physician's Signature	Office Phone	Date

Medication 3:

Type of Medication ◯ Prescription ◯ Non-Prescription		Name of Medication	
Date to Begin Medication	Date to End Medication	Time to be Given	Amount to be Given
Reason Medication is Being Given			
Form of Medication ◯ Tablet ◯ Capsule ◯ Liquid ◯ Inhalant ◯ Other (list)			
Physician's Name	Physician's Signature	Office Phone	Date

Physician's Remarks: _____

Parents/Guardians- Please send only amount student needs to take at school in properly labeled, original container, so that student will not be required to carry medication back and forth from home to school. No controlled substances may be sent home with a student. When the period for administering the medication expires, the medication must be picked up the parent, legal guardian, or other person having legal control of the student. Medication will be discarded if it is not picked up within thirty (30) calendar days after the period for administering it has expired or the school year has ended, whichever occurs first.

Parent/Guardian Name	Parent/Guardian Signature	Date
Home Phone	Mobile Phone	Work Phone

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Student Self-Administration of Emergency Asthma or Anaphylaxis Medications

Student's Name: _____ Date of Birth: _____ School Year: _____

Texas Education Code § 38.015 and BACS Policy allows a student with asthma or anaphylaxis to possess and self-administer prescription asthma or anaphylaxis medication while on school property or at a school-related activity, provided that the school has received written authorization from the student's parent and a statement from the student's healthcare provider. The completion of this form will meet these requirements. The statement must be kept on file in the office of the school nurse or principal.

Prescribing Health Care Provider's Authorization

Student's Name: _____, is under my care for the treatment of

☐ Asthma ☐ Anaphylaxis

☐ It is in my professional opinion that the above-named student should be allowed to carry and self-administer the following prescription asthma or anaphylaxis medication(s) while on school property or at a school-related activity. I have instructed the above named student in the proper way to use the following medication(s).

☐ It is in my professional opinion that the above-named student should NOT be allowed to carry and self-administer his/her asthma or anaphylaxis medication(s) while on school property or at school-related activities.

Medication: _____ Medication: _____

Purpose: _____ Purpose: _____

Dosage: _____ Dosage: _____

When to use: _____ When to use: _____

Can be repeated _____ times _____ minutes apart Can be repeated _____ times _____ minutes apart

These medication(s) are prescribed for the time period_____ until _____

Health Care Provider's Signature: _____ Date: _____

Health Care Provider's Printed Name: _____ Telephone: _____

Health Care Provider's Address: _____

Parent Authorization

I, _____ (parent/guardian), request BACS permit my child, _____, be permitted to carry and self-administer prescription emergency asthma or anaphylaxis medication(s) on school property and at school-related activities according to the licensed health care provider's direction. Any changes to the above medication(s), dosage(s) or recommended regimen will be accompanied by an updated version of this consent. I acknowledge that the school nurse, BACS staff, the school district, or any of its other agents shall not be responsible or liable in any manner for any claim arising, directly or indirectly, for provision of the services requested.

This form is to be completed each school year.

Parent/Guardian Signature: _____ Date _____