

Southwest Christian School

2008-2009

Medication Permission Slip- Prescription AND Non-Prescription

All medications should be given outside of school hours if possible. Only medications which are required to enable a student to stay in school may be given at school. Three (3) times a day medications can be safely administered before school, after school and at bedtime. If necessary, medications can be given at school under the following conditions:

1. Medications must be in the original, properly labeled containers provided to the health clinic by a parent or guardian. Medication sent in baggies or unlabeled containers will not be given.
2. Written permission from the parent or legal guardian is required for the administration of ALL medications. Please include instructions for over-the counter medication. Prescription drugs will be given as indicated on the label.
3. All medications must be kept in the clinic, except for students whose doctor requires them to carry an inhaler or Epi-Pen. A physician's written request must be on file in the clinic for the student to carry the inhaler or Epi-pen. A form is available in the nurse's clinic.
4. Non-prescription medications will only be given for a maximum of three (3) consecutive school days. Continued administration of a non-prescription medication after three (3) consecutive school days will require a doctor's signature. Switching to another variation of a non-prescription medication is not acceptable. Any medication left at the end of the school year will be discarded if not picked up by an adult.
5. In accordance with the Texas Nursing Practice Act, the school nurse will not administer supplements, herbals, or homeopathics which are not FDA regulated. The school nurse may not give medication dosages in excess of FDA recommendations or any medications purchased outside of the USA.
6. NO medication will be supplied by the school. (Topical administration of medication will be provided in accordance with the First Aid Protocol.)

REQUEST FOR ADMINISTRATION OF MEDICATION AT SCHOOL

Student: _____ Date: _____

Teacher: _____ Grade: _____

Physician: _____ Physician's Phone#: _____

Physician's signature: _____

(signature needed if taking controlled prescription meds daily or non-prescription meds for more than 3 consecutive school days)

Medication	Strength (i.e., 12mg.)	Dosage (i.e., 2 tabs, 1 tsp.)	Time to be given	Start date/ End date

I give permission for the above prescribed medication to be given to my child at school. I also give permission for the school nurse to contact the prescribing physician with any question relating to the above medications. I have read the above guidelines for medication administration at school.

Signature of Parent/Guardian
Date