



Medication Information for Parent/Guardian

Student Health Services

Dear Parent/Guardian:

To comply with Texas law, the following restrictions apply to the taking of medicine by students while at school:

1. All medicine will be kept in the school clinic unless there is a self-carry contract in place for emergency medication.
2. Prescription and/or non-prescription medicine must be in its original container. Prescription medicine must be in a container/box and properly labeled by a pharmacist.
3. If a prescription and/or non-prescription medicine must be given during the school day, it must be accompanied by a medication authorization form signed by a parent/guardian giving authorized school personnel directions for its administration. **All prescription/non-prescription must have an MD order authorizing the use of the medication.**
4. A new medication authorization form must be completed for any changes of the doctor's orders.
5. School personnel will not give any student medication, including non-prescription medications, unless properly trained and is provided by you, in the appropriate manner as stated above.
6. Students are not permitted to carry any medications at school or at school-sponsored field trips or events unless there is a self-carry contract in place for emergency medications.
7. Parents/guardians are encouraged to work out a dosing schedule with their doctor, so medication is not given during school hours.
8. Parents/guardians are requested to give the first dose of any NEW medication to monitor for severe reaction before sending medication to school.
9. It is important parents/guardians have additional medication containers with correct dosage at home and a separate, properly labeled container for the school.
10. If parents/guardians request for medication to be returned home, a medication discharge form must be completed.

These restrictions are necessary for protection of the health and safety of your child. We greatly appreciate your cooperation in this matter.

Christina Belmonte, RN

District Nurse



ODYSSEY ACADEMY GALVESTON
SCHOOL MEDICATION AUTHORIZATION FORM
2412 61ST STREET GALVESTON, TEXAS 77551
PHONE: 409-750-9289

Medication Authorization

STUDENT NAME		PARENT/GUARDIAN NAME	
GRADE		HOME PHONE	
DATE OF BIRTH		CELL PHONE	
TEACHER		WORK PHONE	

TO BE COMPLETED BY PRESCRIBING HEALTHCARE PROVIDER

Medical Diagnosis: _____ Name/Strength of Medication: _____

Dose: _____ Frequency _____ Route: _____

Possible side effects, precautions, or special instructions (i.e storage): _____

Start Date: _____ Stop Date _____

Physician/Advance Practice Nurse Name (Please Print)

Physician/Advance Practice Nurse Signature

Date

Physician's/Advance Practice Nurse Phone

Physician's/Advance Practice Nurse Address (Street/City/Zip code)

TO BE COMPLETED BY PARENT OR GUARDIAN:

I hereby give permission for my child (named above) to receive the above medication at school. I assume full responsibility for informing the school staff of any changes in my child's health and/or medication. I hereby release the School Board and their agents and employees from any and all liability that may result from my child taking this medication. I agree to furnish the medication in original and properly labeled pharmacy or store container. By signing this form, I authorize the school nurse to discuss any concerns regarding this medication with the healthcare provider whose signature appears on this document to monitor the healthcare needs of my child. I, also, agree to pick up any unused medication at the end of the school year or when the medication is discontinued.

Parent/Guardian Signature _____ **Date:** _____

For school use only:

Reviewed at School by:

Registered Nurse: _____ Date: _____

School Health Asst: _____ Date: _____