MOSBACHER Odyssey ACADEMY

# 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 to Self-Carry Emergency Medication**

| | | | |
|---|---|---|---|
| **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 Authorization:

- ☐ This student has received instructions and is capable of identifying signs, symptoms, and need of emergency medications
- ☐ This student understands correct dosage and ties of administration. He/She has been trained and demonstrated to me the proper administration technique.
- ☐ I understand the student must also demonstrate to the school nurse the necessary skill level in order to be allowed to carry and self-administer the medication during school hours.
- ☐ It is my professional opinion this student is capable of self-administering the prescription emergency medication and **SHOULD** be allowed to carry and self-use the medication listed above.

**OR**

- ☐ It is my profession opinion that this student IS NOT capable of independent use and **SHOULD NOT** carry or self-administer the medication(s) listed above

_____ _____ _____
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)

**Student Name:_____ Date of Birth: _____Age:_____**

**PARENT/GUARDIAN AUTHOIRZATION (please initial):**

_____ I have submitted the completed and signed physician's request for student to carry and self-administer prescription emergency medication on school property or at school related events

_____ I have submitted the Odyssey Academy Medication Authorization to Self-Carry form

_____ I request my child, named above, to be allowed to carry and use his/her prescription emergency medication as needed.

_____ My child is capable of self-administering the prescription emergency medication

_____ I understand the prescription medication being caried must be properly labeled. I, also, understand I may be held responsible if the medication is misused by my child or used by another student.

_____ I understand it is recommended that backup medication be stored with the school nurse in case my child forgets or loses their medication. The school district is not responsible or liable if backup medication is not provided to the school/school nurse and the student is without medication when it is needed.

_____ I have instructed my child to alert a responsible adult if the asthma symptoms are not relieved or worsen after self-administration of the asthma medication.

_____ If granted, this permission is good for the current school year and must be resubmitted each school year

By signing this form, I request Odyssey staff to allow my child to carry and self-administer the emergency medication listed in the Medication Authorization to Self-Carry form and 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: _____**

STUDENT AGREEMENT:

_____ I have been trained in the use of my emergency medication and understand the signs and symptoms for which it is needed and given.
_____ I agree to carry my medication with me at all times and that it will be properly labeled.
_____ I will notify a responsible adult (nurse, teacher, administrator, etc…) IMMEDIATELY of my symptoms
_____ I will not share my medication with other students or leave my medication unattended.
_____ I will not use my medication for any other use than what it is prescribed

**Student Signature_____ Date: _____**

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**For school use only:**

Reviewed at School by:
Registered Nurse:_____ Date: _____

School Health Asst: _____ Date: _____

MOSBACHER Odyssey ACADEMY

## Parent and Student Contract for Student Self-Management of Emergency Medications

**PURPOSE:**

State Legislation

Chapter 38, Section 38.015 states a "student with asthma or anaphylaxis is entitled to possess and and self-administer prescription asthma or anaphylaxis medicine while on school property or at a school-related even or activity if set guidelines are followed as per Odyssey Academy's policy and procedure state.

Odyssey Academy is fully committed to supporting our students with asthma and anaphylaxis who desire to carry their supplies and self-manage at school or school events. It is important parents communicate with the school nurse, teachers, and coaches at the start of the school year regarding the student's care. The school nurse or clinic aid on each campus will e available to assist both the student and parents. Please do not hesitate to contact the nurse at any time.

The safety of all Odyssey students is a primary concern of our staff. For the safety of the students, as well s others, the following guidelines have been developed.

**PLEASE READ AND SIGN THE BOTTOM OF THE GUIDELINES FORM AND RETURN IT TO THE SCHOOL NURSE INDICATING YOU HAVE READ THE GUIDELIES LISTED BELOW**.

Student name: _____ Grade: _____

Teacher: _____School Year: _____

Guidelines:

- **Both parent and physician's signatures are required** on the Medication Authorization to Self-Carry Emergency Medication. The permit to carry must be on file in the school nurse's office before the student will be allowed to carry. **The form must be renewed at the beginning of every school year.**
- The student must supply all necessary medication and equipment. The school does not stock reserve supplies. Parents will provide the school nurse with a secondary supply of emergency equipment in case the student becomes ill and his equipment is not available. Rescue medications must come in its original package and be appropriately labeled by a pharmacy.
- Students may not share their medication or equipment with other students. S Stolen or missing supplies should be immediately reported to the school nurse.
- Odyssey Academy will not be responsible for lost supplies.
- Rescue medications and supplies should be kept in the student's direct possession at all times, so that other students cannot easily access the supplies.
- Equipment should be stored in a hard case to minimize the risk of damage to the equipment.
- Students are expected to treat symptoms in class in the least disruptive manner. A nearby staff member should be notified immediately if a student becomes ill or feels they may need assistance.
    - Please do not hesitate to ask for assistance. The student should not attempt to walk to the school clinic alone. The school nurse/aid should be summoned to the location of the student

Student are required to successfully perform the associated skills checklist in from of the Odyssey School Nurse prior to self-management.

These guidelines will apply to all school related activities. Because of the potential harm to self or other that could arise, infractions of these guidelines will be referred for disciplinary action and will require modifications to the treatment plan. Both the parent and physician will be contacted if modifications must be made. If a student does not act responsibly, medication will not be carried by the student and will be stored in the school clinic.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

School Nurse: _____ Date: _____

Principal: _____ Date: _____