



## 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. **If a medication is to be kept in the clinic for over 10 days, a physician's order is required, as well as a parent/guardian completion of the Odyssey Medication Authorization Form.**
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 61<sup>ST</sup> STREET GALVESTON, TEXAS 77551  
PHONE: 409-684-2369

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: \_\_\_\_\_