Houston Independent School District Health and Medical Services

Policies Governing Administering Medication During School Hours

The policy of the Board of Education does not authorize Houston school personnel to give medication of any kind. That includes aspirin, similar preparation, or any other drugs.

Nurses and other school personnel, however, can give medication during school hours under the following restrictions. Pupils who are noncontagious, on long-term medication, on preventive medication, or for a prolonged period on medication that cannot under any arrangement be administered other than during school hours may take medication in school. The physician's statement must be accompanied by written permission of at least one parent.

Physician's Request for Administration of Medication at School Building During School Hours

To the Principal of:	School		Date:	
Name of Child:			Birthdate:	
Diagnosis:		□Infectious		
In order to keep this child in optimal health and to he medication be given during school hours.	elp maintain	school perfo	rmance, it is necessar	y that
Name of medication:	Color (if applicable):			
Form of medication to be given: □tablet □pill □capsule □	lliquid	□inhalation	□iniection*	
Oother (specify):			•	
(*no injection will be given except in extreme emergence				
Dosage (amount to be given):		-	,	
I IOGUCIICY.				
Common side effects:				
Remarks:	· · · · · · · · · · · · · · · · · · ·			
	· · · · · · · · · · · · · · · · · · ·			
This is your permission to give medication to my child named above as requested by the physician.		Physician's S	ignature	
Parent's Signature		Physician's N	ame (print or type)	
Telephone:		Telephone		•
Date:				5

Student:

Houston Independent School District Health and Medical Services

Medication/Treatment Administration Record

School:

_ ID#:

Physic	sician: DOB: Grade:								
Emplo	mployee yee(s) N	e(s) designated an Vame(s):	nd trained to ad	minis	ter med	-	***************************************	· · · · · · · · · · · · · · · · · · ·	
I.			,						
M	Medication, Treatment or Procedure		Time/Frequency Dosa		age or Amount		Possible effects on learning or physical functioning		
			·		or physic		a imicroning		
П.									
Treat	cation/ tment	Administered by	Comments		Medication/ Treatment		Administered by	Comments	
Date	Time	Signature			Date	Time	Signature		
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