

MEDICATION AT SCHOOL (All Grade Levels)

FFAC-R

Parents should try to give all medications at home whenever possible. Only medications that must be given during school hours should be sent to school. The District will not purchase medication to give to a student outside of specific over the counter medications that are covered in a standing order on file with the district. The standing order is given to the district by a licensed physician and will be reviewed each May for implementation the following school year.

The following guidelines must be followed:

1. The district must receive a written request to administer medication from the parent, legal guardian or other person having legal control of the student.
2. Instructions on the request must include the name of the student, name of the medication, dosage and times to be given.
3. Medication kept at school for more than 10 days requires a physician's statement. This must be renewed annually.
4. Prescription and non-prescription medication must appear to be in the original container and to be properly labeled.
5. Medication will be administered only to the student whose name is on the container.
6. No drugs from foreign countries or prescriptions filled outside the United States will be administered by school personnel.
7. Only FDA approved drugs will be given by school personnel.
8. All medications will be left at the office and stored in a locked cabinet or container unless otherwise directed by a physician.
9. Medication may be self-administered by students experiencing a severe allergic reaction (anaphylaxis).

All medication, whether prescription or nonprescription, must be kept in the nurse's or athletic trainer's office and administered by the nurse or athletic trainer, unless the student is authorized to possess his or her own medication because of asthma or a severe allergy as described below or as otherwise allowed by law.

District employees will not give a student prescription medication, nonprescription medication, herbal substances, anabolic steroids, or dietary supplements, with the following exceptions:

Only authorized employees, in accordance with policy FFAC(LOCAL), may administer:

1. Prescription medication, in the original, properly labeled container, provided by the parent, along with a written request.
2. Prescription medication from a properly labeled unit dosage container filled by a registered nurse or another qualified district employee from the original, properly labeled container.
3. Nonprescription medication, in the original, properly labeled container, provided by the parent along with a written request.
4. Specific over the counter medications covered in a standing order on file with the district.
5. Herbal or dietary supplements provided by the parent only if required by the student's individualized education program (IEP) or Section 504 plan for a student with disabilities.

Students whose schedules provide for regular time spent outdoors, including for recess and physical education classes, should apply sunscreen before coming to school.

For students at the elementary level, the student's teacher or other district personnel will apply sunscreen to a student's exposed skin if the student brings the sunscreen to school and requests assistance with the application of the sunscreen. Nothing prohibits a student at this level from applying his or her own sunscreen if the student is capable of doing so.

For students at the secondary level, a student may possess and apply sunscreen when necessary. If the student will need assistance with this application, please address the need for assistance with the school nurse.

Whether a student is at the elementary or secondary level, if sunscreen needs to be administered to treat any type of medical condition, this should be handled through communication with the school nurse so that the district is made aware of any safety and medical issues.

A student with asthma or severe allergic reaction (anaphylaxis) may be permitted to possess and use prescribed asthma or anaphylaxis medication at school or school-related events only if he or she has written authorization from his or her parent and a physician or other licensed health-care provider. The student must also demonstrate to his or her physician or health-care provider [and to the school nurse] the ability to use the prescribed medication, including any device required to administer the medication.

If the student has been prescribed asthma or anaphylaxis medication for use during the school day, the student and parents should discuss this with the school nurse or principal.

In accordance with a student's individual health plan for management of diabetes, a student with diabetes will be permitted to possess and use monitoring and treatment supplies and equipment while at school or at a school-related activity. See the school nurse or principal for information. [See policy FFAF(LEGAL).]

DUMAS ISD – STUDENT MEDICAL INFORMATION

Student Name: _____	Date of Birth: _____
----------------------------	-----------------------------

Does your child have any health problems? (Circle all that apply)

Anemia Asthma ADHD Chest/Heart condition Cerebral Palsy
 Cystic Fibrosis Diabetes Eating disorder Epilepsy/Seizures
 Kidney disorder Hearing/Vision problems Stomach disorder Muscular/Orthopedic disorder
 Other: _____

Food Allergies: Severe food allergy means a dangerous or life-threatening reaction of the human body to a food-borne allergen, introduced by inhalation, ingestion or skin contact that requires immediate medical attention.

Specify the food (like milk, nuts, egg, etc):	Describe allergic reaction to the food:
Other Allergies (medications, insects, latex, etc.): injector	Does your child have an Epinephrine Auto- (Like Epi-Pen)? <input type="checkbox"/> Yes <input type="checkbox"/> No

Does your child take medications prescribed by a doctor? Yes <input type="checkbox"/> No <input type="checkbox"/> Will your child need a prescribed medication at school? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of medication(s) and how often:
---	--------------------------------------

DOCTOR: _____
 Phone: _____

In case of high fever or a medical emergency an attempt will first be made to contact the parent or guardian. In the event I cannot be reached, my child may be picked up by one of the individuals I have listed on Registration Form. I authorize the school nurse to provide health care to my student per physician standing orders.

If I am unable to be reached in the case of a serious accident or illness to my child, I authorize a representative of the DISD to consent for medical treatment or to refer my child to the Doctor/Dentist I have specified or to Moore County Memorial Hospital.

I authorize the above information to be shared with school personnel on a need-to-know basis. I will discuss any confidential medical conditions with the campus nurse. I certify that the information given on this form is true and correct.

Signature of Parent or Guardian: _____
Date: _____
Home Phone Number: _____
Cell Phone Number: _____