# GISD Medication Policy

Granger ISD Medication Policy information and procedures are designed to insure compliance with the Texas Education Code. Parents are encouraged to schedule the administration of medicines at home. Medication required during school hours should be kept to a minimum. **However, if it becomes necessary for your child to take medication (prescription or nonprescription) during the school day, the following procedure must be followed:**

1. **Medication** is administered to students **only upon written request** by parent or guardian. Please bring your child's medication to the school nurse's office yourself. **DO NOT SEND MEDICATION WITH YOUR CHILD.** For daily medications that will be take 4 weeks or longer, a **physician's signature is required.** The written note should state the following:
    a. the name of your child
    b. the name of the medication and dosage
    c. time to be given
    d. reason for medication
    e. parent's signature
    f. doctor's signature if needed for more than 4 weeks
2. **No student will be allowed** to keep his/her own medicine unless specifically allowed by the principal.
3. **Prescription Medicine** must be in the pharmacy container, with the current prescription label listing the child's name, the date, the doctor's name, the directions concerning dosage, and the pharmacy telephone number. It is suggested that when you have your prescription filled, you may want to request that the pharmacy provide you with an extra-labeled container to be used for this purpose.
4. **Inhalers:** While it is generally good practice to be stored in the school health office, there are times when it is in the best interest of the child's health to carry an inhaler at all times throughout the day and on the bus. Each of theses situations must be evaluated individually. Please see the school nurse for more information.
5. **Non-Prescription Medicine:** The medicine **MUST** be in the original container it is purchased in, and the label should include the name of medicine type, and appropriate dosage for age level. (We do not stock any non-prescription drugs such as Tylenol, cough syrup etc.)
6. **If there is any discrepancy** that might be injurious to the student, the nurse/office personal will refuse to administer the medication until clarification is received.
7. **All student medication** will be stored in a locked cabinet or refrigerator in the school nurse's office.
8. **It is the responsibility of the student** to report to the designated area to take his/her medication. If your child forgets to come in for his/her daily dose, we will make every effort to call the student in as soon as time permits.
9. **At the end of the school year** all medication will need to be picked up by the parent or guardian from the school nurse's office.

I have read and agree to abide by the Granger ISD medication policy. I give permission for a Granger designee to administer the following medication to my child. I release Granger ISD and it's designees from liability due to any ill effects from the administration of this medication.

Student Name: _____ Grade _____ Dates to be given: _____to_____

Medication_____ Dose: _____Time_____

Reason for Medication: _____

Physician: _____ Physician's Signature: _____

Physician's Phone: _____

Parent's Signature: _____ Parent's Phone: _____Date: _____