

# Central Heights ISD Medication Guidelines

Medications to be given to a student on a routine or as needed basis must be provided to the school in its original labeled container **by the parent/guardian.**

Prescription medication must be labeled with the student's name, date, dosage, expiration date, directions for use and prescribing Physician.

Over the counter (OTC) medication must be provided **by the parent**, in the original container with expiration date, and correct dosages appropriate for age and size of student indicated.

\*\*\* The only exception to the above stated is as follows: Central Heights ISD staff can provide first aid treatments and medications listed on our student ***Emergency Health Care Permission*** form for needs indicated per W E Furniss II, MD and **WILL NOT provide any other medications** UNLESS provided by the parent/guardian.

Please take the time to read and answer each of the questions below.

**Parental/ Guardian written consent for student medication administration must be on file in the nurse office.**

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STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_  
MEDICATION \_\_\_\_\_  
DOSAGE \_\_\_\_\_ TIME TO BE GIVEN \_\_\_\_\_  
ROUTE TO BE GIVEN CIRCLE ONE:  by mouth  eye drop/s  skin cream  skin patch  
 inhaler  nebulizer machine  other \_\_\_\_\_  
START DATE \_\_\_\_\_ END DATE \_\_\_\_\_  
EXPIRATION DATE\*\* \_\_\_\_\_  
CONDITION FOR WHICH MED IS TO BE GIVEN\*\* \_\_\_\_\_

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DOES THE STUDENT HAVE ANY FOOD AND/OR DRUG ALLERGIES

CIRCLE ONE:  NO  YES (PLEASE EXPLAIN) \_\_\_\_\_

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HAVE THERE BEEN ANY PREVIOUS REACTIONS TO THIS MEDICATION

CIRCLE ONE:  NO  YES (PLEASE EXPLAIN) \_\_\_\_\_

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AT THE END OF THE SCHOOL YEAR, **ON OR BEFORE THE LAST DAY OF SCHOOL** INITIAL ONE:

I want the nurse to send the remaining medication home with the above named student.

I will pick up ALL remaining medication on or before the last day of school.

**NOTE: ALL MEDS REMAINING IN THE SCHOOL WILL BE DESTROYED THE DAY AFTER THE LAST DAY OF CLASS.**

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_