



**DESOTO INDEPENDENT SCHOOL DISTRICT
Health Services**

Medication Policy – Parent Permission

According to Texas State Law, Texas Department of State Health Services guidelines, and DeSoto ISD policy and procedures, all medications that are to be administered at school must comply with the following guidelines:

1. Only medication that cannot be given outside of the school day will be administered at school (i.e. mealtimes, physician designated time, four times a day or greater.
2. All medication taken at school must be medicine prescribed by a physician or dentist licensed to practice in the State of Texas.
3. All student medication must be in the original container and properly labeled with student’s name, name of medication, dosage, and times taken. Medication will not be accepted in any other container. Prescriptions more than one year old or expired medications will not be administered at school.
4. All medication must be FDA approved. Medication purchased in a foreign country cannot be given.
5. All student medication shall be accompanied by a signed note from a parent or guardian requesting that the student be allowed to take the medication. A doctor’s note does not take place of parent permission.
6. All medication must be deposited with the school nurse or in the school office. It is recommended that only a 30-day supply be brought to school. It is strongly suggested that a parent deliver the medication to the clinic and remain to count the medication amount with school personnel. Unused medication may be returned home with a student with written permission.
7. Medications should not be carried with the student unless there is a physician’s order to do so on file with the school nurse.
8. All over the counter medication such as cough drops, cough syrups, antihistamines, creams, lotions, sprays, and pain relievers are not allowed at school unless accompanied by (1) a signed written doctor’s order giving specific instructions for taking and (2) a parent note.
9. The Nurse Practice Act of Texas requires clarification of any order or treatment regimen that the nurse has reason to believe is inaccurate, non-efficacious, or contraindicated by consulting with the appropriate licensed practitioner.

PARENT REQUEST FOR MEDICATION TO BE TAKEN AT SCHOOL

Please allow _____ ID# _____
Student’s name

To take _____ at school at _____
Name of Medicine Time to take

I hereby give my permission for the school nurse to consult with the prescribing physician regarding this medication.

List Medication Allergies and/or Food Allergies:

Disposal of unused medication: _____ Parent will pick up

_____ Student may return medication home

This permission is valid for any physician order change(s) during the current school year.

Parent Signature _____ Date _____

Parent Phone Number _____ Parent Email _____