

WESTLAKE ACADEMY
2019-2020 MEDICATION ADMINISTRATION REQUEST

Student's name _____ DOB _____ Grade _____
 Medication _____ Dose _____ Time _____
 Reason for Medication _____

Medications that are required to enable a student to stay in school may be administered at school. Only FDA approved drugs and prescription drugs ordered by a physician will be given. The Westlake Academy nurse's office does not supply any medication.

1. MEDICATION MUST BE IN ORIGINAL PROPERLY LABELED CONTAINER, dated for the current school year.
2. Prescription Medications: Prescription drugs require a prescription label. Prescription medications will only be administered with a written request signed by a parent/guardian. Physicians must be licensed to practice medicine in the State of Texas.
3. The drug and milligram dosage indicated on the prescription label must match the medication in the container.
4. "As needed" medications (PRN) and over-the-counter medications should be in its original container. Homeopathic, herbal, and dietary supplements will not be given at school. Physician instructions and signature are required for medication given longer than 10 days.
5. Any changes to Medication Administration Requests require a newly signed request form with corresponding medication and prescription label.
6. An adult should bring the medication to the office. Should your child transport his/her own medication, school personnel assume no responsibility for the improper exchange, loss, or contamination of, or the failure to administer medication. Student's improper actions involving medications may result in disciplinary action.
7. Morning and afternoon doses should be given at home, before and/or after school unless otherwise requested by your physician. The first dose of new medications must be given at home. Antibiotics should be given at home 24 hours before returning to school.
8. A trained unlicensed employee may administer the medication.
9. At the end of the school year any medication remaining will be discarded if you do not retrieve it by the last day of school.
10. Students may carry epi-pens, inhalers, and diabetic supplies with a doctor's written permission. The student must be responsible for the medication; this privilege can be revoked if the student is not capable.

This section must be completed by physician if student is permitted to self-carry:

It is my professional opinion that this student is capable of medication administration and accepts the responsibility of self-carrying their prescribed medication indicated by my initials below:

_____ Inhaler _____ Epinephrine _____ Diabetic Supplies

Physician's Signature _____ Date _____

Physician's printed name _____ Phone _____

I have read and understand the policies listed above and agree to abide by them.

I give my permission for the above medication to be given to my child at school or on school sponsored field trips, as applicable. I understand that the medication may be given by an authorized Westlake Academy employee. I consent to and authorize for the school to disclose the above information to those within the school that have a need to know for legitimate educational purposes.

Parent/Guardian Signature _____ Date _____ Phone _____