

ADMINISTRATION OF MEDICATION

FFAC (F) Exhibit

See the following pages regarding administering medication and emergency health care to students:

Exhibit A: Request for the Administration of Medication at School — 1 page

Exhibit B: Exhibit C: Request for the Provision of Physician-Prescribed Special Health Care Procedures — 1 page

Exhibit C: Authorization for Self-Administration of Asthma Medication — 1 page

EXHIBIT A

REQUEST FOR THE ADMINISTRATION OF MEDICATION AT SCHOOL

In accordance with Section 22.052 of the Texas Education Code, the Center Point Independent School District has established the following rules concerning the administration of medication to students by school employees.

Only persons designated by the principal will be authorized to administer the medication. No school employee will be authorized to administer medication to a student unless the following conditions have been met:

1. A parent, legal guardian, or other person having legal control of the student has provided a written request for the administration of the medication to a student.
2. All medications are properly labeled, stating:
 - a. Name and address of the student.
 - b. Date of the prescription's issue.
 - c. Name and quantity of medication.
 - d. Direction for its use.

I, the undersigned, request that the student named be administered the specified medication at school.

Name of student _____

Parent's signature _____

Medicine to be administered _____

Times to be administered _____

Dates of administration _____ to _____

Prescription number _____

Date _____

EXHIBIT B

REQUEST FOR THE PROVISION OF PHYSICIAN-PRESCRIBED
SPECIAL HEALTH CARE PROCEDURES

The Center Point Independent School District has established the following rules concerning the provision of physician-prescribed special health care services to students by school employees when such services are required for the student to remain in the school setting.

No school employee will be authorized to provide such services to a student unless the following conditions have been met:

1. A parent, guardian, or other person having legal control of the student must have provided a written request for the provision of the specific services and must have provided the physician's written directive for the procedures.
2. If applicable, the procedures must meet the IEP requirements of a student with disabilities.
3. Special equipment will be provided in accordance with the IEP.

Only a physician or a registered nurse may assign school personnel to perform such procedures.

I, the undersigned, request that the special procedures explained in the physician's directive be provided to the student here named. I have attached the physician's directive.

Name of student _____

Parent's signature _____

Date _____

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EXHIBIT C

AUTHORIZATION FOR SELF-ADMINISTRATION OF ASTHMA MEDICATION

Name of student _____ Grade _____

Name of parent _____

Parent's contact information _____

Prescribing health care provider _____

Contact information for the prescribing health care provider _____

Description of condition/reason for medication _____

Prescribed medication and dosage _____

How/when the medication should be used at school (*dosage, method, times*) _____

Anticipated length of treatment _____

Possible adverse reaction _____

_____ (*student's name*) has asthma and is treated with prescription medication. (*He*)(*She*) is capable of administering (*his*)(*her*) own medication at school and at school-related or school-sponsored activities. The District will be informed of any changes to the medication specified on this form, to the dosage, or to the recommended regimen by an updated version of this consent form.

Parent _____ Date _____

Health care provider _____ Date _____