



Dear Lakehill families,

The health and safety of your children is extremely important to us. We would like to clarify the policies we have in place with regards to the taking of medicine by students while at school. The following are in accordance with Texas laws and guidelines:

1. All medicine must be brought by a parent or legal guardian and will be kept in the Health and Wellness Center (see #7 regarding inhalers and Epi-Pens). We will not be able to accept any medications brought to school by a student.
2. Prescription and over-the-counter (OTC) medicine must be in the original container. Prescription medicine must be in a container with the pharmacy label for that student.
3. OTC medicines will not be administered in the school for more than fifteen consecutive school days unless otherwise prescribed by a healthcare provider. A signed and dated note from the prescribing provider must accompany the medicine.
4. Any prescription or OTC medicine must be accompanied by the Medication Authorization form signed by a parent or guardian giving authorized school personnel directions for its administration. Prescription medication will require the prescribing medical provider's signature.
5. **The OTC medication available in the Health and Wellness Center will only be dispensed by the Health and Wellness Director after an evaluation by the Health and Wellness Director, a discussion with the parent/guardian, and verification of verbal/written permission by the parent/guardian (same-day email or prior consent given at time of (re-)enrollment as documented in FACTS).**
6. Medicines, including OTC, will only be given according to the dosing directions on the label.
7. If your child is authorized to self-carry and use lifesaving medications such as an inhaler for asthma or Epi-Pen (as prescribed by physician), then a Contract for Self-Carried Medication Form must be completed and signed by a parent or legal guardian and a physician and kept on file in the Health and Wellness Center.
8. All medicines, including inhalers and Epi pens, will be destroyed if not collected by a parent or guardian by 4:30 pm on the last day of the school year. No medicines will be held for the following school year.

Please note that “medication” refers only to those products which have been approved by the Food and Drug Administration (FDA) for use as a drug. **Natural or herbal supplements and vitamins will not be given at school.** These restrictions are necessary for protection of the health and safety of your child.

We appreciate your cooperation and assistance with these guidelines. Please do not hesitate to contact me if you have any questions regarding the policies described above.

Sincerely,

Kat Nickell, MPAS, PA-C  
Director of Health and Wellness



## Medication Authorization Form

This form **MUST** accompany any medication brought to Lakehill

### Prescription Medication

Student's Name \_\_\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_

Medication \_\_\_\_\_ Start Date \_\_\_ / \_\_\_ / \_\_\_ End Date \_\_\_ / \_\_\_ / \_\_\_

Dosage \_\_\_\_\_ Times to be given: \_\_\_\_\_ AM \_\_\_\_\_ PM

Last dosage given at \_\_\_\_\_ AM/PM on date \_\_\_ / \_\_\_ / \_\_\_ Route (circle): mouth skin eye ear

Possible side effects \_\_\_\_\_

Special handling/storage instructions \_\_\_\_\_

\_\_\_ Refrigeration required: Yes No

Parent/Guardian Signature (required) \_\_\_\_\_

Physician or APP Signature (required) \_\_\_\_\_

### Over the Counter Medication

Student's Name \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Medication \_\_\_\_\_ Start Date \_\_\_ / \_\_\_ / \_\_\_ End Date \_\_\_ / \_\_\_ / \_\_\_

Dosage \_\_\_\_\_ Times to be given: \_\_\_\_\_ AM \_\_\_\_\_ PM

Last dosage given at \_\_\_\_\_ AM/PM on date \_\_\_ / \_\_\_ / \_\_\_ Route (circle): mouth skin eye ear

Possible side effects \_\_\_\_\_

Special handling/storage instructions \_\_\_\_\_

Refrigeration required: Yes No

Parent/Guardian Signature (required) \_\_\_\_\_

Physician or APP Signature \_\_\_\_\_

Unused Medication: Returned to parent: Yes No Discarded appropriately: Yes No

Administration Signature \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_



## Contract for Self-Carried Medication

Student \_\_\_\_\_ Grade \_\_\_\_\_

Medication \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_

Medication is permitted in accordance with Lakehill policy. A student's physician must authorize self-carried/administered medication. This includes only emergency medications such as an epi-pen or inhaler. This does not include OTC medicines. The student name must appear on the medication container.

Responsibilities for carrying medication (to be completed by Parent/Guardian):

Yes No Medication Authorization Form complete and on-file in Health and Wellness Center

Yes No Student demonstrates correct use of medication

Yes No Student recognizes proper and prescribed timing for medication

Yes No Student agrees not to share medication with other students

Yes No Student agrees to keep medication in agreed upon location

Yes No Student agrees to report directly to the Health and Wellness Center if having the following symptoms after using the medication:

Please list \_\_\_\_\_

Yes No Student keeps a second, labeled container in the Health and Wellness Center

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

I request that my child be allowed to carry his/her medication and be responsible for its proper storage and use. I will support my child to follow the above agreement and if he/she does not, I will be contacted and we will develop a new plan.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone number \_\_\_\_\_