

Medications in School
Catholic Schools Office
Archdiocese of Galveston-Houston

School personnel designated by the principal (a nurse or a non-licensed person) will give medication necessary to allow a child to stay in school. All medication should be given in the school clinic. The following are required of the school, parents and physician for the administration of medication in Catholic schools in the Archdiocese of Galveston-Houston Catholic Schools.

Parents/Guardians

Parents/Guardians are encouraged to meet with the school on any prescribed medication administration during school hours and urged to keep all medication brought to a minimum. Only medication authorized by a physician may be administered during school hours. If the child attends a before and after school program and/or attending school-related events the principal will designate a school personnel to administer the medication. The Archdiocesan liability release must be signed from a parent/guardian stating that the parent/guardian understands that a non-licensed person may administer medication. It is the responsibility of the parent/guardian to provide the school all medications, permission forms completed and signed by a physician licensed in the State of Texas, and any equipment required.

Permission and Instruction for Giving Medication

Medication is defined as all medications that are over the counter, non-prescribed and prescribed with a physician's order. (Examples: inhalers, ointments, cough syrup, cough drops, sore throat lozenges, ibuprofen, acetaminophen, topical lotions or sunscreens, eye drops, etc...)

Prescribed, over-the counter, or non-prescribed medication may be administered to students only upon written request by the physician and parent/guardian.

The request must state:

- student's name
- name of the medication
- prescribed dosage
- route
- time/s of administration
- beginning and ending dates of the medication administration
- liability release and signature of the parent/guardian
- Medication Permission Form** or a physician note containing the same information listed signed by a licensed physician in the State of Texas (Reference: Medication Permission Form)

Treatments such as for diabetes, asthma, seizures, life threatening allergies, or other medical conditions require an **Individualized Healthcare Plan** signed by the physician indicating details on how to perform the treatment including all the medication information indicated above for prescribed medications. If students are to carry and/or self-administer medications or treatments, physician orders are required on the Individualized Healthcare Plan.

Use of Stimulants

Stimulants (Examples: Concerta and Ritalin) are controlled medicines. All policies and procedures for medications will be followed with these additional procedures.

- A supply of the medication will not exceed 30 days and the medication school bottle must have a pharmacy label with the quantity number listed.
- The medication will be counted and recorded when brought to the clinic.

Use of Controlled Substances

Any use of chemical substances such as illegal drugs, marijuana, non-prescribed inhalers, alcohol or narcotics; acting under the influence of these substances; misuse or overdose of prescribed or over-the-counter drugs is subject to disciplinary action and/or referral for prosecution. (Reference: "Use of Controlled Substance" Administrator's Handbook, section VIII)

Labels and Containers

All medication, prescribed or over-the-counter, must be in its original container and properly labeled in English. A properly labeled prescription is a prescription with the pharmacy label stating the student's name, name of medication, and date the prescription was filled. Over-the-counter medication must be in the original container with directions and dosage labeled on the bottle with the student's name attached with a **Medication Permission Form** signed by the physician and parent. Medication in unlabeled containers or baggies will not be accepted.

Expired Medication

Medication will not be administered if expired. Medication expirations should be checked every 2 months. Expired medication is returned to the parents/guardians not the student.

(Reference: TCCED Guidelines for Disposal of Unused Medication)

Medication Orders

The school nurse or principal designee has a responsibility to question the physician order medication, discrepancies or incompleteness. Steps should be taken to correct the physician order in question. Medication can be refused to be given. If so, parents/guardians are to be notified and the refusal reason and steps taken must be documented. The following will not be given:

- Sedatives.
- Experimental drugs or dosages.
- Herbal, dietary supplements, or other medication not approved by the FDA
- Nebulizer treatments may only be given by a licensed nurse. The parent can come to the school to give the treatment if the school does not have a nurse.
- Stock medication will not be given to students.
- Narcotic analgesics
- Essential Oil treatments

Medication Storage

- Medication will be locked in a drawer/cabinet.
- A student may need medication in a school-related event or off-campus event. The principal will authorize a personnel designee to administer and carry the medication.
- Emergency medications such as those for asthma or allergy but not limited to these conditions will be considered for self-carry and self-administration with proper documentation on Individualized Healthcare Plan from the licensed physician.
- Medication requiring refrigeration must be locked in a clinic designated refrigerator.

Medications during Out-of-School Activities

A student may need medication during a school-related event or an off-campus event. The principal will authorize a personnel designee to administer and carry the medication. The employee designee will be trained in administering and documenting the medication. The medication may be prepared in a single dose container labeled with the student's name and directions for route, dosage, and time to be given. During school-related overnight trips only will parents be allowed to authorize for sunscreen or insect repellent to be administered without a physician medication form. During the regular school day sunscreen and insect repellent must be applied before arriving at school.

Student Responsibility

The student is responsible to report to the designated area to take his/her medication. Appropriate measures to support the student may be taken to ensure the medication order is administered.

Disposal of Medication

Parents are to bring and pick up medication to and from the clinic. Students should not bring medication into the clinic or carry it into school. At the end of the year the parent is to pick up any unused medication. Medication that is not picked up will be disposed.

Persons Designated to Administer Medication

The principal will designate a school personnel to administer and maintain storage of medication in a school. This can include before and after program workers or coaches. The designees will be documented on the **Medication Administration Appointment** form kept with the medication permission forms and medication logs. (Reference: Medication Administration Appointment Form page 154)

Medication Documentation

Whenever medication or treatment is given or not given as prescribed, it must be documented. The **Medication Log** (Reference Medication Daily Log) is used for scheduled medication treatments or administrations throughout the school day. If a medication error occurs, such as wrong medication, dose, route, person, time, or an omitted dose or medication reaction, the following steps will be taken:

- Parent(s)/guardian(s) and principal are informed immediately
- The parents, principal, and nurse/health coordinator will decide further action as to the care of the student if appropriate.
- The incident is documented using **Medication Incident Report**

MEDICATION PERMISSION FORM
Catholic Schools Office
2020-2021 School Year
 Archdiocese of Galveston-Houston

Student _____ D.O.B. _____

School _____ Grade _____

Policy for students receiving medication at school whether prescribed medication or over the counter medication approved by a physician is as follows:

- Signed orders from the parent/guardian and physician must be on file
- All medication must be provided in the original container
- Prescribed medication with a pharmacy label that matches the written orders
- All medication must be provided to the school by the parent
- School personnel will review TCCB ED and Archdiocesan guidelines to ensure medication may be administered
- A completed Medication Permission Form is approval for one academic school year

To be completed by the Parent/ Guardian

Does the parent want to be called before a PRN “as needed” medication is given? Yes No

Parental/Guardian Consent

I hereby request that the medication specified by the prescribing physician to be given to the above named student. I understand that the school personnel who give the medication may not be a medically trained person. I realize that the school does not have to agree to allow medication to be given to a student by school personnel. I understand that the school’s agreeing to allow the medication to be given is for my benefit and the student’s benefit. Such agreement by the school is adequate consideration of my agreements contained herein.

In consideration for the school agreeing to allow the medication to be given to the student as requested herein, I agree to indemnify and hold harmless the Archdiocese of Galveston-Houston, its servants, agents, and employees including, but not limited to the parish, the school, the principal, and the individuals giving the medication of and from any and all claims, demands, or causes of action arising out of or in any way connected with the giving of the medication or failing to give the medication to the student. Further, for said consideration, I, on behalf of myself and the other parent of the student, hereby release and waive any and all claims, demands, or causes of action against the Archdiocese of Galveston-Houston, its agents, servants, or employees, including, but not limited to the parish, the school, the principal, and the individual giving or failing to give the medication.

Parent/ Guardian Signature _____ **Date** _____

**Special forms are required for severe allergies and administration of Epipens, administration of diabetic medication, and self-administration and carrying of asthma medication.

To be completed by the Physician:

Type of Medication <input type="checkbox"/> Prescription <input type="checkbox"/> Non-Prescription		Name of Medication and Strength	
Date to Begin Medication	Date to End Medication	Time to be Given	Amount to be Given (Dosage)
For PRN state the Frequency (time between dosages of medication and maximum number in a school day)			
Reason medication being given			
Form of Medication <input type="checkbox"/> Tablet <input type="checkbox"/> Capsule <input type="checkbox"/> Liquid <input type="checkbox"/> Inhalant <input type="checkbox"/> Injection <input type="checkbox"/> Other _____			Route (ex: oral, nasal)
Physician's Signature	Physician's Printed Name	Office Phone	Date

➔ **For additional medications use back page.**

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