

Arlington ISD Medication Policy and Request

Only medication required for a student to stay in school can be given. Narcotics cannot be administered. Medications may be given by an unlicensed person. Medication can be given following these guidelines consistent throughout the Arlington school district.

1. A parent or adult should bring medicine to the clinic in case clarification or special directions are needed. The first dose must be given at home to observe for reactions.
2. Medication must be kept in the clinic locked cabinet. *Do not* put a dose in a lunch box for self administration. The medication must be in the original container and be labeled properly (medication in baggies and/or unlabeled medication will not be given).
3. Send only the amount of medication needed at school. No extra medication can be sent home with students (except inhalers). An adult must pick up unused medication on the last day of school or it will be destroyed
4. Medication requests must be updated each school year.

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Elementary: **ALL** prescriptions and over-the-counter medications (including cough drops) require a doctor's **AND** parent's written request.

Junior High: Over-the-counter medications can be given with a parent's written request only; but prescription medications still require a doctor's written request also.

High School: a student for his/her own use may carry over-the-counter medications only with a parent's written request; but prescription medications still require a doctor's written request.

**COMPLETE & RETURN TO SCHOOL CLINIC
Request for Medication Administration at School**

Student: _____ **DOB:** _____ **Grade:** _____

Med/Strength: _____ **Dose:** _____

Times to be given @ School: _____

Med/Strength: _____ **Dose:** _____

Times to be given @ School: _____

Comments: _____

Allergies: _____ **Diagnosis:** _____

Doctor's Signature: _____ **Ph #:** _____

Print Doctor's Name: _____ **FAX #:** _____

Parent's Signature: _____ **Hm Ph #:** _____

Parent's Cell #: _____ **Work #:** _____

School: _____ **Nurse:** _____

School FAX #: _____ **School Clinic #:** _____