



Center Independent School District Health Services
Student Health Information and Over The Counter Medication Consent

School Year
2021-2022

Student Name: _____ Date of Birth: _____ Grade/Teacher: _____

Please indicate if your child has any of the following conditions – it is your responsibility to inform the school. If your child **REQUIRES OR MAY REQUIRE** treatment while at school, please contact the nurse's office and complete a Health Plan for your child as soon as possible.

- Asthma
- Allergy at risk for anaphylaxis: Allergy to: _____
- Seizures
- Diabetes: Type 1 _____
- Diabetes: Type 2 _____
- Other condition requiring treatment at school: _____

Any other health conditions you would like the Campus Nurse/staff to be aware of: _____

Allergies (non-life threatening) _____

Please list all medication(s) your child takes at home: _____

If your child will need to take prescription medication at school, you must contact the Campus Nurse to complete the paperwork
 Please list the medication(s) your child will need to take at school: _____

Over the counter medication consent ** PLEASE COMPLETE******

Please **INITIAL ONE** of the following:

- YES**, I give permission for the school nurse or trained personnel to administer first aid medications, over the counter medications **LISTED ON THE BACK OF THIS FORM** and emergency medications to my child with discretion as ordered by the District's Medical Director.
- NO**, I do not give permission to the school nurse or trained personnel to administer **ANY** first aid medications, over the counter medications **without contacting me first**.
- I give permission for the school nurse or trained personnel to apply topical first aid medications, over the counter medications, emergency medications to my child with discretion as ordered by the District's Medical Director **EXCEPT FOR THE FOLLOWING MEDICATIONS** (please list): _____

Parent/Guardian Signature: _____ Date: _____

CISD Medication Guidelines Regarding Medication To Be Taken At School or School Related Events

In order to comply with the Texas Education Agency's recommendations and Local School Board Policy, the procedures below will be followed for administration of medication to a student.

- **All medication to be given to a student on a routine or as-needed basis must be kept in the Nurse's Office* and brought to the school in its ORIGINAL, LABELED container.** Center ISD is unable to store any medication over the summer, and will dispose of all medication left after the last day of school. ***EMERGENCY medications for asthma, anaphylaxis, and diabetes may be carried by the student on his/her person with parent, physician AND nurse authorization.**
- **Prescription medication** must be labeled with the pharmacy prescription label including the student's name, date, dosage, expiration date, directions for use, and prescribing physician. No more than one month's supply of medication shall be brought in at one time. All prescription medication to be given for a time period GREATER THAN 10 DAYS WILL REQUIRE A PHYSICIAN'S SIGNATURE.
- **Non-prescription (over-the-counter/OTC) medication** must be in the original container with an expiration date noted. OTC medications may be left in the clinic during the entire school year with a signed authorization form. However, OTC medications will be given according to the label on the package unless otherwise directed by a physician. OTC medications will not be given more than five (5) consecutive days without a physician's signature.

PLEASE READ CAREFULLY

CISD CANNOT GIVE ANY MEDICATION WITHOUT PARENTAL CONSENT. You have the option on the front of this document to select whether or not you wish for the school nurse or trained personnel to administer the medications for **MINOR** injuries or ailments as listed below without contacting you first. In the event of an emergency, injury, or an acute illness, CISD designees will always use their judgement and contact you if needed. ***For any medication not listed on this form that your student may need to take at school or school related events, written parent/physician authorization MUST be on file. This includes inhalers and any other "as needed" or emergency medication.**

CISD Standing Orders for First Aid, Over-the-Counter Medications and Emergency Medications

1. **Vaseline:** Applied to chapped lips
2. **Antiseptic Wound Cleanser:** To cleanse a wound
3. **Triple Antibiotic Ointment (i.e. Neosporin):** applied topically to skin for wounds with potential for infection
4. **Hydrocortisone Cream:** Applied to areas of skin inflammation
5. **Anti-Itch Cream (i.e., Benadryl):** to areas of skin for itching, rashes, mild allergic skin reactions
6. **Hydrogen Peroxide:** to clean infected or purulent or infected wounds, not fresh cuts
7. **Alcohol:** applied to cleanse skin as needed
8. **Ice Pack:** applied to sprained ankle or wrist, bumps and/or insect stings to ease discomfort
9. **Caladryl/Calamine Lotion:** applied to skin for itching or rashes (i.e., insect stings, poison oak)
10. **Aloe Vera Gel:** applied to skin for itching or discomfort associated with rashes, burns
11. **Sting Kill:** applied to skin for insect bites or stings
12. **Orajel:** for tooth or gum aching
13. **Burn Cream/Spray/Gel:** applied to minor burns
14. **Sterile Isotonic Eye Solution:** to flush eye for eye irritations
15. **Artificial Tears Eye Drops:** for temporary relief of itching, dry eyes
16. **Cough Drops:** used as needed for cough/sore throat
17. **Chloraseptic Throat Spray:** sprayed into the throat as needed for cough/sore throat
18. **Acetaminophen (Tylenol):** administered for headache, minor pain and/or temperature of 100° F and above
19. **Ibuprofen (i.e., Advil, Motrin):** administered for headache, minor pain and/or temperature of 100° F and above
20. **TUMS:** for stomach ache (if student has no fever and is not ill appearing)
21. **Pepto Bismol:** for stomach ache (if student has no fever and is not ill appearing)
22. **Benadryl:** to be given for mild allergic reactions – **MAY CAUSE DROWSINESS**
23. **Claritin or Zyrtec:** to be given for signs of allergic Rhinitis or "Hay fever" (runny nose, itchy watery eyes, sneezing "stuffy" nose)
24. **Midol:** for relief of menstrual cramps
25. **Oral Glucose Gel:** to be given for students with symptomatic low blood sugar on an emergency basis
26. **Oxygen:** may be administered to a student for a life threatening breathing condition or respiratory distress on an emergency basis
27. **Albuterol:** may be administered to a student who appears to be in respiratory distress or showing signs of an acute asthma attack on an emergency basis.
28. **Epinephrine:** may be administered to a student for a life threatening allergic reaction on an emergency basis.

Fever Guidelines: As a directive, parents/guardians will be notified to pick up students with a temperature of 100° F or above. Students must be fever free (below 100° F) for 24 hours WITHOUT medication in order to return to school.