



The Galloway School
3200 W. Bay Area Blvd.
Friendswood, Texas 77546
281-338-9510



Parents,

Your child may have an illness which requires medication for relief or cure that does not prevent his/her attending school. When possible, such medication should be scheduled to be taken at home. However, according to the Texas laws and The Galloway School Board Policy, a medication may be dispensed to a student by school personnel. The following requirements must be met by the parent or legal guardian requesting this service.

1. All prescription drugs and sample drugs dispensed through a physician's office must be in their original pharmacy container or packaging and labeled by pharmacist or physician. The label must include:
 - a. The student's name
 - b. The physician's name
 - c. The name and strength of the drug
 - d. Amount of drug to be given
 - e. Frequency of administration
 - f. Date prescription was filled
2. All non-prescription drugs must be in their original container. The written request for administration of these over-the-counter drugs, made by parent, guardian, or physician, must contain the following information:
 - a. Full name of student
 - b. Name of drug
 - c. Dosage must comply with manufacturer's recommendations
 - d. Scheduled hours when the drug is to be given
 - e. Reason drug is to be given
 - f. Date
 - g. Appropriate signatures
3. All prescription and non-prescription drugs to be administered or kept at school for longer than 15 days must be accompanied by a written request signed and dated by the prescribing physician and the parent or guardian requesting this service.
4. All prescription and non-prescription drugs to be administered at school for 15 days or less must be accompanied by a written request, signed and dated by a parent or legal guardian.
5. Medications prescribed or requested to be given three(3) times a day or less are not to be given at school unless a specific time during school hours is prescribed by a physician or the school nurse determines that a special need exists for an individual student
6. There will be no more than one medication per properly labeled container.
7. All medications will be stored in a locked cabinet and dispensed in the school clinic. Exceptions must be approved by appropriate school authorities in advance.
8. Students may not be in possession of prescription or non-prescription medications during school hours or at school-sponsored or school-related activities, on or off campus.
9. Natural and/or homeopathic-like products not FDA approved will not be Dispensed by school district personnel without a physician's order.
10. No narcotics will be dispensed at school.

Permission to Administer Prescription or Non-Prescription Medication at School

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|---|------------------------|-----------------------|--|--------------------|------|
| Student Name (Last) | | (First) | | (MI) | DOB |
| Grade | | Teacher | | | |
| Type of Medication <input type="radio"/> Prescription <input type="radio"/> Non-Prescription | | Name of Medication | | | |
| Date to Begin Medication | Date to End Medication | Time to be Given | | Amount to be Given | |
| Reason medication is being given | | | | | |
| Form of medication <input type="radio"/> Tablet <input type="radio"/> Capsule <input type="radio"/> Liquid <input type="radio"/> Inhalant <input type="radio"/> Other (list) | | | | | |
| Physician's Name | | Physician's Signature | | Office Phone | Date |

Physician's Remarks: _____

Parents/Guardians – Please send only amount student needs to take at school in properly labeled, original container, so that student will not be required to carry medication back and forth from home to school. No controlled substances may be sent home with a student. When the period for administering the medication expires, the medication must be picked up by the parent, legal guardian, or other person having legal control of the student. Medication will be discarded if it is not picked up within thirty (30) calendar days after the period for administering it has expired or the school year has ended, whichever occurs first.

| | | |
|----------------------|---------------------------|------------|
| Parent/Guardian Name | Parent/Guardian Signature | Date |
| Mobile Phone | Home Phone | Work Phone |