



*Home of the New Braunfels Unicorns!*

## **NEW BRAUNFELS INDEPENDENT SCHOOL DISTRICT**

430 W. Mill, New Braunfels, Texas 78130  
Phone: 830.643.5700 | Metro: 830.606.1423 | Fax: 830.643.5701  
Email: [info@nbisd.org](mailto:info@nbisd.org) | <http://www.nbisd.org>

## **MEDICATION ADMINISTRATION AT SCHOOL**

### **Note to parents/guardians:**

The New Braunfels ISD requires that all students who need medications during school hours must do the following to assure the safety of your child. We will appreciate your cooperation.

### **For medication prescribed by a physician for a short term (2 weeks or less):**

1. Parent present a written consent for the student to take the medicine at school
2. Medication must be in the original pharmacy container, properly labeled as prescribed by law and include the following: **student's name, name of prescribing health care provider, name of drug, amount of drug to be given and frequency of administration and date filled.**
3. Parent must bring the medication to the school nurse
4. Parent must pick up any remaining medication
5. Student will not be allowed to transport any medication

### **For medication prescribed by a physician for a long term (over 2 weeks):**

1. Parent present a written order from the physician who prescribes the medicine
2. Parent present a written consent for the student to take the medicine at school
3. Medication must be in the original pharmacy container, properly labeled as prescribed by law and include the following: **student's name, name of prescribing health care provider, name of drug, amount of drug to be given and frequency of administration and date filled.**
4. Parent must bring the medicine to the school nurse
5. Parent must pick up any remaining medication
6. Student will not be allowed to transport any medication

### **For over-the-counter, non prescription medications (Tylenol, Advil, cough, cold preparations, etc.):**

1. Parent present a written consent for the student to take the medicine at school and contain the following information: **student's name, name of drug, amount of drug to be given, when the drug is to be given, reason drug is given, date, and signature of parent/guardian. Medication will be given according to manufacture's recommendations on label.**
2. Medication must be in the original container
3. Parent must bring the medicine to the school nurse
4. Parent must pick up any remaining medicine
5. Student will not be allowed to transport any medication

Thank you,

\_\_\_\_\_  
Principal

\_\_\_\_\_  
School

\_\_\_\_\_  
Nurse

\_\_\_\_\_  
Phone