



Dear Area Physician,

I am writing this memo to inform your practice of a change in medication administration requirements for Covenant Preparatory School effective at the beginning of the 2024-2025 school year.

In past years, Covenant nursing staff have administered over-the-counter medication supplied by the student's parent/guardian for less than 10 days with parent/guardian consent and have not required physician, podiatrist, or dentist authorization. The Texas Board of Nursing has given guidance to school nurses regarding the administration of over-the-counter medication at school, and over-the-counter medications will no longer be given by licensed nursing staff WITHOUT a physician, podiatrist, or dentist authorization AND parent authorization.

Covenant, in partnership with the Texas School Nurse Organization, has updated our standing medical delegated orders to include some over-the-counter medications for specific circumstances. If a student needs over-the-counter medications not listed on the standing medical delegated orders, nursing staff will require a physician, podiatrist, or dentist authorization in order to administer the medication in accordance with the Texas Board of Nursing licensing standards.

Covenant student health services and nursing staff understand this is a shift in practice, and we will continue to support our students' health and learning needs while at school while incorporating this practice standard. Should you have any questions, please reach out to me at the contact information below.

Jennifer Jackson, RN
The Covenant Preparatory School
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Request for Medication Administration

Student: _____ DOB _____ Grade: _____ Campus: _____

Medication: _____ Dose: _____

Take medication: by mouth via inhaler topical (cream) injection other _____

Condition for which medication is given: _____

To be given: Entire School Year - or - The following dates: ___/___/___ to: ___/___/___

When: At the following time(s): _____ - or - As needed every _____ hours Special considerations/side effects: _____

For Daily Medications: _____ Yes, please send on field trips
 _____ No, please do not send on field trips

Other medications taken at home: _____

List any food or drug allergies: _____

- prescription medication
 any over-the-counter medication

Must be signed by a physician for any of these reasons:

Parent/Guardian: I give permission for district personnel to administer medication to my child in accordance with Texas Education Agency and District policies. I also acknowledge that it is the parent/guardian responsibility to maintain medication supply. Unclaimed medication will be destroyed at the end of the school year.

Signature:

Date:

Printed Name:

Phone:

Physician: I request that the student receive this medication during the school day as instructed above.

Signature:

Date:

Printed Name:

Phone:

Medication Administration Form 2024-2025

To be completed by parent/guardian: ALLERGIES: _____ HEIGHT: _____

Please print	
Student's Name:	DOB/Grade:
Please print	
Parent/Guardian's Name:	Date:
Parent/Guardian's Signature: *	Phone Number:

Physician Initials	Medication Name	Form of Dosage	Indication
	ACETAMINOPHEN (Tylenol)	LIQUID (FLAVORED) 160 mg/5 ml	PAIN/FEVER
	ACETAMINOPHEN (Tylenol)	325 MG TABLET	PAIN/FEVER
	BISMATROL (Pepto-Bismol)	LIQUID	UPSET STOMACH/NAUSEA/INDIGESTION
	BISMATROL (Pepto-Bismol)	TABLETS	UPSET STOMACH/NAUSEA/INDIGESTION
	CALCIUM ANTACID (Tums)	TABLETS	ACID INDEGESTION/UPSET STOMACH/ HEARTBURN
	COUGH DROPS	DROPS	COUGH/THROAT IRRITATION
	DIPHENHYDRAMINE (Benadryl)	LIQUID (FLAVORED) 12.5 mg/5 ml	ALLERGY/ANTIHISTAMINE
	DIPHENHYDRAMINE (Benadryl)	TABLETS/CAPSULE 25 mg	ALLERGY/ANTIHISTAMINE
	IBUPROFEN (Advil/Motrin)	LIQUID (FLAVORED) 100 mg/5 ml	PAIN/FEVER
	IBUPROFEN (Advil/Motrin)	TABLETS 200 MG	PAIN/FEVER
	CETIRIZINE/ZYRTEC	LIQUID 1MG/ML	ALLERGY/ANTIHISTAMINE
	CETIRIZINE/ZYRTEC	TABLETS/CHEWABLE 5MG OR 10MG	ALLERGY/ANTIHISTAMINE

All OTC medication will be administered to students per age, weight, and package directions.

Physician's Signature

Date

Standing Medical Delegation Orders 2024-2025 Covenant Preparatory School

FIRST AID / SUSPECTED ILLNESS

ABRASION - Clean with soap and water. Apply adhesive bandage or non-stick dressing as indicated. May apply a thin layer of petroleum jelly if needed to prevent bandage from sticking. May use Neosporin as needed.

BITES - (Animal/Human)- Wash area with soap and water for 5 minutes. Apply sterile dressing as needed. Notify parent, refer to physician, inquire about Tetanus booster status. Complete incident report. For animal bites: Notify Animal Control, have student/staff seek medical attention for possible rabies treatment if skin is broken or any bat/skin contact is made. *For snakebite, see Emergency Care section.*

BURNS - *Superficial:* Skin turns red, may or may not blister. Immediately remove restrictive clothing or jewelry from the area. Run cool water over affected area for 5 minutes. Also may apply cool, wet compresses or submerge in cool water. NEVER apply ice directly to a burn. Cover with dry sterile dressing PRN. If large area is burned or hands, feet, or genitals are involved, notify parent immediately. Evaluation by a physician is recommended. *Chemical Burns:* Don appropriate PPE before touching chemical. Remove substance with a dry brush or towel. If appropriate, irrigate with copious water starting with eyes and face (exceptions are phenols, dry lime, and elemental minerals). Apply sterile dressing. Notify parent and/or EMS as appropriate; refer to physician for evaluation. See *emergency care section for severe burns.*

CHAPPED LIPS/COLD SORES/CANKER SORES - May apply petroleum jelly unless contraindicated.

CHEST PAIN - *Pediatric:* If chest pain is accompanied by dizziness, fainting, dyspnea, sustained tachycardia, or pounding heart, parent should be notified immediately to pick up for further evaluation. Call EMS if student loses consciousness or if otherwise indicated. *Adult:* Assess symptoms. Obtain past medical history. Encourage evaluation by physician. Notify EMS for extreme tachycardia >200 in child, >160 adolescents, and otherwise as needed. **A staff member who is experiencing chest pain is not allowed to operate a vehicle.*

CONGESTION - Auscultate lung sounds. Refer any findings not within normal limits. Check O2 sats and follow emergency orders if indicated. Check temperature. Increase student's water intake.

DENTAL/ORAL PAIN - Rinse mouth or salt-water gargle. Apply ice pack externally as needed for comfort.

EARACHE - May apply warm compress or use Ear Ease appliance for comfort x 10-15 minutes. Exclude from school if fever present, pain uncontrolled, or purulent drainage visible in external ear. Refer to physician as indicated.

ELEVATED TEMPERATURE - Students must be picked up from school and cannot ride the bus for a temperature of 100 degrees F or higher. Students are to be fever-free for 24 hours without aid of an antipyretic before returning to school.

EYES with FOREIGN OBJECT - Remove only non-embedded foreign body by flushing with saline solution or eye wash station, or touching it with a cotton tipped applicator. If foreign body is visibly adhered to cornea or if no foreign body is visible but corneal abrasion is suspected, patch eye to prevent movement and contact parent for immediate physician referral.

EYES with BLUNT INJURY - Note immediate bruising or swelling. Assess pupil size, shape, dilation, and visual acuity. Apply ice as indicated. Refer for emergency evaluation and treatment if severe injury suspected.

EYE IRRITATION/REDNESS - Rinse with eye wash station or saline solution, may apply cool compress for comfort. Exclude from school for purulent drainage or excessive clear drainage that cannot be contained.

HEADACHE - Temperature check recommended, rest, increase water intake, cold pack if indicated, inquire last food/water, if taken any medication. Administer parent-provided medication PRN per parent authorization.

Parent's Signature

Date

Physician's Signature

Date