



# Sabine Pass Independent School District

P.O. Box 1148 Sabine Pass, TX 77655 (409) 971-2321 Fax (409-971-2120

Dear Parent or Guardian:

To comply with Texas law, the following restrictions apply to the taking of medicine by student while at school:

1. All medicine is to be brought to and kept in the Nurse's office, and be in the original container with the pharmacy label for that student.
2. If a prescription or non-prescription medicine must be given during the school day, it must be accompanied by a note signed by a parent or guardian giving authorization to school personnel and directions for its administration (time and dosage).
3. School personnel will not give any medicine, including Tylenol, unless it is provided by you, in the appropriate manner as stated by law.

These restrictions are necessary for protection of the health and safety of your child. We will appreciate your cooperation in this matter. Please feel free to contact me for any questions at (409) 971-2321.

Sincerely yours,

Audrey Almond

Sabine Pass Nurse



May apply Triple Antibiotic Ointment/ Hydrocortisone Cream 1% Ointment to scrapes/ cuts/ abrasions as needed for infection prevention.

May gargle with warm salt water as needed for sore throat.

May apply bandaids, gauze, telfa dressing, and/ or kerlix over any scrapes/ cuts/ abrasions as needed.

May use Hydrogen peroxide 3% solution to cleanse any scrapes/ cuts/ abrasions as needed

May give Ibuprofen 200mg by mouth 1-2 tabs every 4-6 hours as needed for pain/headache for students 12 years and older.

May give Acetaminophen 500mg by mouth every 4-6 hours as needed for pain/headache for students 12 years and older.

May apply Petroleum jelly with q-tip to dry cracked lips/nostrils as needed for dryness.

May apply Calamine lotion to skin areas affected with poison ivy,poison oak, and poison sumac as needed.

May give Children's diphenhydramine HCl 12.5/5ml oral solution Antihistamine for severe allergies to bee stings, ant bites, mosquito bites, or any other severe allergic reactions:  
6-8 year olds 5-10ml oral solution by mouth every 4-6 hours as needed.

May give Children's Dimetapp Oral liquid cough/cold:  
6-12 year olds 2 tsp every 4 hours, over 12 years old 4 tsp every 4 hours as needed.

May give Midol Menstrual complete with acetaminophen by mouth for menstrual cramps 12 yrs and older 2 tablets every 6 hours as needed.

May give Naproxen 220mg for students 12 years and older 1-2 tablets by mouth as needed every 4-6 hours for pain/fever relief.

May give TUMS 1000mg chewable tabs chew 2 tabs once or twice a daily by mouth as needed for acid reflux/ heartburn/upset or sour stomach/ indigestion.

May give Pepto Bismol tablets or liquid by mouth every half hour as needed for diarrhea/heartburn/indigestion/nausea.

May give a cough drop for cough/sore throat as needed.

May apply an ice pack to any sore areas, bumps, abrasions, etc. as needed.

May apply sunscreen and/or bug spray (deef free) when needed on days spent outside (i.e. picnic day, field day)

Any other specific orders, please write below

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Time(s) to be given as school \_\_\_\_\_

Any other instructions or information: \_\_\_\_\_

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Doctor's Printed Name: \_\_\_\_\_

Doctor's Address and Phone Number: \_\_\_\_\_

\_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

**NOTE:** Parent's must provide medications for their student(s). Because of the Texas laws, the school may not provide medications for students.

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Your cooperation in following the policy on the administration of medication will assist school personnel in serving your child's health care needs most proficiently and help save time.

Thank you all very much!

Nurse Audrey

SABINE PASS SCHOOL NURSE