



KISD HEALTH SERVICES

Parent/Physician Request for Administration of Prescription Medication given by School Personnel

Date of Request: _____ School: _____ Grade/Teacher: ____/_____

Student's Name: _____ Birth date: ____/____/_____

School Phone: _____ School Fax: _____ ATTN: _____

I understand that:

- Medications MUST be in the original labeled container (NO baggies, foil, etc.).
- All medication will be taken directly to the nurse's office/main campus office by the Parent.
- Parent/Guardian must provide specific instructions, as well as the medication and related equipment to the nurse's office or main campus office.
- It will be the responsibility of the Parent/Guardian to inform the school of any changes. New medication or new doses will not be given unless a new form is completed and a newly labeled container is provided.
- All medications to be administered at school must be FDA approved unless your child has a 504 plan and it is stated otherwise.
- In the event of a KISD Field Trip, my student will receive his/her medication unless I notify the school nurse that it should not be administered on that date.

Name of Medication: _____

Dose: _____ Route (by mouth, topical, etc): _____

Time(s) to be given: _____ Condition/Illness Requiring Medication: _____

Possible Side Effects, if any: _____

Physician's name: _____ Physician's Signature: _____

Physician's Phone: _____ Physician's Fax: _____

I request and authorize Kaufman ISD to administer the above medication as prescribed. I understand that the school administrator may designate any qualified person or persons to administer this medication. I give permission for school personnel to administer medication to my child and release KISD from liability due to any allergic reaction.

I authorize the school's nurse and the prescribing physician to discuss and/or clarify this medication order or in the interest of this student's health, to discuss his/her response to the prescribed medications required by the Nurse Practice Act and Medical Practice Acts of Texas. If the consent for the nurse and the doctor to consult regarding this medication order is not granted or is revoked, it may not be possible for school personnel to administer the prescribed medications.

Parent/Guardian Signature

Date

Home phone

Work phone

ext _____
Cell phone