



**CARROLLTON-FARMERS BRANCH ISD**

**MEDICATION ORDERS AND PARENT AUTHORIZATION**

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

School Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Nurse: \_\_\_\_\_

Condition for which medication is to be given at school and administration instructions:

*List all medications or therapies to be used for this condition. Use an additional form for other conditions*

Medication	Route	Dose	Times
1.			
2.			
3.			
4.			

Physician Signature \_\_\_\_\_ Print Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_ FAX: \_\_\_\_\_ Date: \_\_\_\_\_

*Valid for this school year only. Non-prescription medication cannot be given as need or after 5 school days without a physician's order.*

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I request and authorize the Carrollton-Farmers Branch I.S.D. to administer the above medication as prescribed. I understand that the school administrator may designate any qualified person or persons to administer this medication per Texas Education Code, Section 22.052.

After 5 school days (5) students on non-prescription medications will be required to submit a physician's authorization for continuance of medication. At no time will a non-prescription medication be given on an as needed basis without a physician authorization.

I also authorize the school's registered nurse to consult with the prescribing physician to clarify this medication order, or in the interest of the student's health, to discuss his/her response to the prescribed medication as required by Texas Nurse Practice Act.

Per district policy, out of state prescriptions may be accepted for up to 30 days for students that have recently moved to Texas, while the student is in the process of establishing care with a Texas physician.

PARENT/LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_

DAY TELEPHONE (S): \_\_\_\_\_ DATE: \_\_\_\_\_