



**EANES INDEPENDENT SCHOOL DISTRICT
PHYSICIAN AND PARENT MEDICATION AUTHORIZATION FORM**

Student name: _____ Date of birth: _____

Medication allergies: _____ Weight: _____

I authorize designated Eanes ISD personnel to administer the following medication(s) to my child according to the medication order(s) written and signed below by my child's healthcare provider. I agree Eanes ISD employees and the Eanes ISD Board of Trustees shall be immune from civil liability for ill effects that might occur in connection with administration of the medication. I agree to abide by state law and Eanes ISD Medication Administration Policy (page 2).

I acknowledge the following requirements and responsibilities: (please check each box)

- Medication must be in the original container with an intact label stating the medication name, dose, & instructions.
- All prescription and nonprescription medication orders must be signed by the student's healthcare provider.
- Medication should not be brought in by a student and will not be sent home with a student.
- All medication not picked up by the last day of school will be properly disposed of by the end of the day.

MEDICATION ORDER

Medication: _____ Dose (on label): _____ Route: _____

- Administer _____ every _____ hours as needed for _____
- Administer _____ every day at _____ for _____
- Administer _____ per parent/guardian request for missed morning dose.

Start date: _____ End date: _____ Medication expiration date: _____

MEDICATION ORDER

Medication: _____ Dose (on label): _____ Route: _____

- Administer _____ every _____ hours as needed for _____
- Administer _____ every day at _____ for _____
- Administer _____ per parent/guardian request for missed morning dose

Start date: _____ End date: _____ Medication expiration date: _____

SIGNATURES



Healthcare provider signature (required) Printed healthcare provider name or stamp Date



Parent/guardian signature (required) Printed parent/guardian name Date



EANES INDEPENDENT SCHOOL DISTRICT MEDICATION ADMINISTRATION POLICY

In accordance with state law, the following policies were established to protect the health and safety of all students.

Parents/guardians have the option during online registration to authorize (opt in) or decline (opt out) the use of over-the-counter medications approved and authorized by Eanes ISD's district physician.

All other medication must be ordered by the student's physician or dentist on an Eanes ISD Physician and Parent Medication Authorization Form. Physician/dentist and parent/guardian signatures are required.

Medications must be in the original container. The label must state the medication name, dose, and instructions. *No blister packs, dosing syringes, or Ziploc bags.*

Prescription medications must have a pharmacy label stating the student name, medication name, dose, and instructions. *Your pharmacist can provide a properly-labeled container for school on request.*

A new Eanes ISD Medication Authorization Form is required every school year and any time there is a change.

Students in elementary and middle school may not self-carry or self-administer nonprescription or prescription medications unless prior authorized on the student's diabetes, asthma, or anaphylaxis care plan (see 8b). A parent/guardian must bring all medications to the school nurse.

High school students may self-carry and self-administer nonprescription medications and medications prescribed for diabetes, asthma, and anaphylaxis (see 8c). A parent/guardian must bring all prescription medications to the school nurse.

Medications for Diabetes, Asthma, Anaphylaxis, and Seizures:

A new care plan for Diabetes, Asthma, Anaphylaxis, and/or Seizure is required every school year.

Elementary & middle school students may self-carry and/or self-administer medications for diabetes, asthma, and anaphylaxis with written authorization on the diabetes, asthma, or anaphylaxis care plan.

High school students are expected to self-carry and self-administer medications for diabetes, asthma, and anaphylaxis during school, extracurricular activities, and while using district transportation or facilities.

When parents bring medications classified as controlled substances (such as Ritalin) to school, the school nurse will document the quantity in the student's medication inventory record.

Medication that is recommended or prescribed three times a day (or less often) will not be administered at school unless there is a physician's or dentist's order to administer it at a specific time.

Expired medications will not be administered. *Parents must remember to replace medications before they expire.*

Parents must remember to pick up medications on or before the last day of school. Medications cannot be sent home with a student. The school nurse may send general reminders but will not contact individual parents. *Unclaimed medications will be disposed of on the last day of school as required by law.*

A district employee shall not administer herbal substances, anabolic steroids, or dietary supplements except as provided in EISD Policy: FFAC (local). In general, pure vitamins and minerals are not considered dietary supplements. Herbal substances or dietary supplements may be administered as prescribed by a physician only if it is required by the IEP or Section 504 plan of a student with a disability. The medication must be provided by the student's parent or guardian. Reliable information must be received from the physician regarding the safe use of the product, side effects, toxicity, drug interactions, and adverse reactions.

In accordance with the Nurse Practice Act, Texas Administrative Code, Section 217.11, a Registered Nurse has the responsibility and authority to refuse to administer medications that, in the nurse's judgment, are contraindicated for administration to the student.