



International Leadership of Texas

Medication Administration (High Schooler) Self-Carry Consent

All required information and signatures must be present before administration of any medication. These forms must be renewed for each school year, each medication, and any dosage changes.

If this is a NEW medication for your child, the first dose MUST be taken at home

Nurse/School Staff Administer

Student Self-Carry

Date of student's self-carry assessment _____

Self-Carry assessment: PASS FAIL

STUDENT NAME: _____ GRADE: _____

Today's Date: _____ Medication Start Date: _____ End Date: _____

NAME OF MEDICATION: _____ REASON: _____

Prescription as Written/OTC PRN Rationale Including times: *To Be Completed by Nurse*

Please Note: International Leadership of Texas does not allow Over the Counter (OTC) medications to be carried by students, or administered by the Nurse without a Physician Order/Prescription.

ALL PRESCRIBED MEDICATIONS **MUST** BE WRITTEN IN ENGLISH, BY A PHYSICIAN THAT IS LICENSED TO PRACTICE IN THE STATE OF TEXAS. ALL MEDICATIONS MUST BE IN THEIR ORIGINAL PACKAGING, PROPERLY LABELED, UNEXPIRED, AND ACCOMPANIED BY A PROPERLY EXECUTED CONSENT FORM. The Nurse reserves the right to consult the Physician for verification of any medication/treatment/regimen

Prescribing physician Name and Phone: _____

I, the undersigned Parent/Guardian of _____ request the above medication be administered to my child.

Printed Name: _____ **Date:** _____

Signature: _____

Nurse Signature: _____ **Date:** _____

This form will expire at the end of the _____ School Year