

Medication Administration Form

Student's Name _____ DOB _____ Grade _____ Teacher _____

All medication should be given outside of school hours, if possible. Only medication that is required to enable a student to stay in school may be given at school. Medications ordered three times a day can be given before school, after school, and at bedtime. The initial dose of medication must be administered at home, doctor's office, or hospital. If medication is to be administered at school, the following conditions must be met.

1. All medication (prescription and over-the-counter) must be:
 - a. provided by the parent or guardian.
 - b. transported by an adult if it is a controlled substance, i.e. Ritalin. Controlled medications will be counted upon arrival in the clinic.
 - c. in its original properly labeled container. The pharmacy can supply two (2) labeled bottles for this purpose.
 - d. accompanied by a written request signed by the parent or guardian to give the medicine.
 - e. placed in a locked cabinet in the clinic (exception for asthma inhalers, epinephrine and some other emergency medications).
 - f. ordered by a physician if it is to be given longer than 10 days or 10 doses, whichever is longer.
 - g. administered by a district employee.
 - h. picked up at the health clinic by parent or legal guardian by the end of the school year. Otherwise it will be destroyed.
2. Sample prescription and alternative medicine must be labeled with the child's name and accompanied by a signed physician's order. When ordered, alternative medication must be accompanied by a patient information sheet listing the ingredients, actions, and side effects. Dietary supplements and other nutritional aids **not approved as medication by the FDA may not be dispensed by school personnel. ***See Guidelines for Essential Oils and Supplements**
3. The District can assume no responsibility for loss or negligent behavior when the student carries his/her conventional or alternative medication or dietary supplement without the knowledge of the campus health coordinator. Noncompliance may subject the student to disciplinary action.
4. The campus health coordinator must be consulted for long term medication, any health care procedures, or monitoring.

1) Start Date	Name of Medication	Strength (i.e. 10mg)	Dosage (i.e. 2tabs/1 tsp)	Time to be Given

Date/Time/Initials - Clinic Use Only:

Staff Signature/Initials: _____

ALL medications including "over the counter" medicines require an authorization signed by a parent. Nurses will administer up to TEN doses of an FDA approved medication strictly following all guidelines on the medication's bottle when a signed parent authorization is on file. After the tenth dose, a physician or NP must also sign this medication authorization.

PARENT/GUARDIAN

I give permission for the above medication(s) to be administered to my child at school. I understand that the District, the Board, and its employees are not liable for damages or injuries resulting from administration of medication to my child in accordance with Texas Education Code 22.052. I authorize the doctor above to release information regarding my student to the school nurse in Northwest ISD to facilitate my child's health and safety. Furthermore, I authorize the school nurse or other personnel to communicate with my child's doctor as necessary.

Parent/Guardian Signature _____ Relationship _____ Date _____

Home Phone _____ Work Phone _____ Cell Phone _____

PHYSICIAN

Physician Signature _____ Date: _____

Physician Name _____ Office phone _____ Fax _____

Student Withdrawal/prescription ended: Date _____ Parent/Guardian signature _____