

Alvarado ISD – School Health Services

Parent/Physician Request for Administration of Medication

In order for AISD personnel to administer medication to a student, the following are required:

Prescribed Medications:

- Completed medication form with **physician's signature**
- Signature of parent/guardian on medication form.
- Must arrive in a container with the original, unaltered prescription label attached. The label must display all legal information required for a pharmacist to dispense a prescription medication such as valid issue and expiration dates, the patient's name, the medication name and dosage instructions, and the doctor's name. The label information must match the physician's order. A maximum of a 30 day supply of ADHD/ADD medication will be stored in the school nurse's office.
- Changes in medication or medication orders will require an updated medication form, signed by physician and parent/guardian.

Over-the-counter Medications:

- Must arrive in the original, unopened store-issued container. Please take the time to label the container with your child's full name and birthdate. Only the following over-the-counter medications will be administered with parental consent: Ibuprofen, Acetaminophen (Tylenol), Naproxen (Aleve), Benadryl, Pepto Bismol, Tums, and Cough Drops. All other over-the-counter medications will require a physician's signature.
- All over-the-counter medications will only be administered per directions on the bottle with regards to dosing and age requirements.

All medication must be brought to the school by a parent/guardian and picked up by a parent/guardian. We will not send medication home with the student.

Whenever possible please give medication at home. "Three times a day" could be before school, after school, and at bedtime.

Medication	Dosage	Time of Administration	Reactions/Side Effects

Prescribing Physician Printed Name

Date

Prescribing Physician Signature

Office Phone Number

Permission is granted for designated school personnel to administer these parent-provided medications (s) to my child, as listed and approved by the prescribing physician. **My signature indicates that I am giving permission for AISD staff to contact the physician for additional information, if needed.*

Student

Date of Birth

Parent/Guardian Signature

Date

NOTE: All permissions and forms must be up-dated every year. A new school year means a new form will be necessary. (Medication refers only to those products which have been approved by the "Food and Drug Administration" (FDA) for use as a drug.)