

Request for Administration of Medication at School

This form must be filled out completely in order for school health staff to administer medication to a student. A new medication authorization form must be completed at the beginning of each school year, for each medication, and each time there is a change in the medication's administration instructions. The following is required by the provider of the medication according to the Texas Education Code's, Chapter 22, Section 22.052:

- Prescription and non-prescription medication must be delivered to school in its original container.
- The container must be properly labeled by a pharmacist or the prescribing physician.

Student's Name _____ Sex _____

Date of Birth ____/____/____

Condition for which medication is being administered _____

Medication Name _____ Dose _____ Route _____

Time(s) of day to administer _____

Medication shall be administered from: ____/____/____ to: ____/____/____

Possible side effects _____

Special requirements for administration/storage _____

Known Food or Drug Allergies: YES NO If Yes, please explain _____

Prescriber's Name _____

Telephone _____

Address _____

Prescriber's Signature _____ Date _____