Cedar Hill ISD Health Services

Authorization for Medication Administration by School Personnel

Name of Student: _____ **DOB:** _____ **Grade:** _____

Campus: _____ **Diagnosis/Reason for Medication** _____

Physician ordering medication: _____ **Phone:** _____ **Fax:** _____

****Please read all information below before signing:**

Medication Administration Policy

The school nurse or other trained non-healthcare personnel may administer medication when such treatment is necessary for school attendance and cannot otherwise be accomplished. All medications, given three times per day or less, should be given outside school hours. For example: three times a day medications can be given before school, after school and at bedtime. If it necessary for medication to be given at school, according to The Texas State Law and Cedar Hill ISD policy, all medications that are to be administered must comply with the following guidelines:

Prescribed medication:

1. The first dose must be given at home in case of unexpected allergic reaction.
2. Medication must be brought in by parent in the original container, properly labeled by the pharmacy "no exceptions". This includes both prescription and non-prescription (OTC) over-the-counter medications. The medication has to be FDA approved with dosage information clearly marked on the container. Parents must supply any special equipment necessary to administer medication. And no prescription medications will be given for more than **ten** (10) consecutive days without a written physician's order.
3. Medication will not be given without specific written physician's order request signed and dated by parent/legal guardian and physician.
4. Medication must be checked in by the school nurse/health personnel and it is to be kept the clinic at all times unless otherwise indicated.
5. Medications purchased in a foreign country (for example, Mexico) cannot be given.
6. No medications are supplied by the schools unless by standing orders signed and dated by a Texas licensed physician.

Over-the-counter medications: Same rules apply as with prescribed medications except that OTC meds can be given with parent written, dated and signed authorization, physician signatures are not required. The medication can only be given as directed by the manufacturer and must be FDA approved. It cannot be given more than **five** (5) consecutive school days without a physician's order to do so.

End of the school year: All medication must be picked up from clinic by the last day of school. Any medication left at the school will be disposed of by the nurse the following day. ***Please initial that you have read all the above information*** _____.

FOR THE PHYSICIAN ONLY:

Medication	Dosage and Route	Time or frequency to be given	Length of time to be continued

Please list any special instructions for dosing of medication: _____

I AUTHORIZE THE MEDICATION LISTED ABOVE BE KEPT AT SCHOOL FOR THE CURRENT SCHOOL YEAR AND BE GIVEN AS WRITTEN ABOVE.

_____ _____ _____

Physician's Printed Name **Physician's Signature** **Date**

FOR THE PARENT:

I authorize that the above medications be given to my child as directed. I understand that only a 30day supply of medication will be accepted at a time and that it will be my responsibility to provide placements. I hereby give permission to the school nurse to contact the prescribing physician with any questions relating to the above medications. I also release the school/district from liability in the event an adverse reaction results from giving this medication(s).

_____ _____ _____

Parent/Guardian Printed Name **Parent/Guardian Signature** **Date**

FOR OFFICE USE ONLY:

Medication started: _____
Medication count: _____
Medication stopped: _____
Medication returned to student/parent: _____

Physician's office stamp

Aug ___ Jan ___
Sept ___ Feb ___
Oct ___ Mar ___
Nov ___ April ___
Dec ___ May ___

Revised 06/16