



Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

### EANES INDEPENDENT SCHOOL DISTRICT MEDICATION PERMISSION FORM

Student name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Medication allergies: \_\_\_\_\_

Weight: \_\_\_\_\_

#### PARENT AUTHORIZATION TO ADMINISTER MEDICATION

Medication #1: _____ Dose each tablet/capsule: _____ <input type="checkbox"/> mg <input type="checkbox"/> mcg Dose if liquid medication: _____ mg per _____ mL Administer: _____ <input type="checkbox"/> tablets/capsules <input type="checkbox"/> mL <input type="checkbox"/> drops How often to administer: (select one) <ul style="list-style-type: none"> <li>• Every day at _____</li> <li>• Every _____ hours as needed for _____</li> </ul> Instructions: _____ Dates to administer: From _____ To _____ Reason for medication: _____ Medication expiration date: _____	Medication #2: _____ Dose each tablet/capsule: _____ <input type="checkbox"/> mg <input type="checkbox"/> mcg Dose if liquid medication: _____ mg per _____ mL Administer: _____ <input type="checkbox"/> tablets/capsules <input type="checkbox"/> mL <input type="checkbox"/> drops How often to administer: (select one) <ul style="list-style-type: none"> <li>• Every day at _____</li> <li>• Every _____ hours as needed for _____</li> </ul> Instructions: _____ Dates to administer: From _____ To _____ Reason for medication: _____ Medication expiration date: _____
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I request authorized Eanes ISD personnel to administer the medication(s) listed above to my child according to the label and/or physician instructions. I agree the Eanes ISD Board of Trustees and Eanes ISD employees will not be held responsible for any ill effects that might occur in connection with administration of the medication. I agree to abide by state law and Eanes ISD policies for medications in the school setting as stated below and continued on page 2.

- Medication must be in the original container with an intact label stating the medication name, dose, & instructions
  - Students in grades KG-8 are not allowed to possess or carry over-the-counter or prescription medications\*
  - Students in grades 9-12 are not allowed to possess, carry, or self-administer prescription medications\*
- \*See 7a & 7b on page 2 for exceptions allowed by law for diabetes, asthma, and anaphylaxis medications

Medications cannot be sent home with a student. Check one:  Dispose of medication  Parent will pick up

**\*\*UNCLAIMED MEDICATIONS WILL BE DISPOSED OF ON THE LAST DAY OF SCHOOL AS REQUIRED BY LAW\*\***



\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Parent/guardian name (print)

\_\_\_\_\_  
Date

#### PHYSICIAN AUTHORIZATION TO ADMINISTER MEDICATION

Physician authorization is required for medications that will be kept in the clinic longer than 2 weeks.

Administer the following medication(s) as directed to \_\_\_\_\_ (print student name).

MEDICATION	DOSE	INSTRUCTIONS



\_\_\_\_\_  
Physician signature

\_\_\_\_\_  
Physician name (print/stamp)

\_\_\_\_\_  
Date

**EANES INDEPENDENT SCHOOL DISTRICT  
POLICY FOR MEDICATIONS IN THE SCHOOL SETTING**

In accordance with state law, the following policies were established to protect the health and safety of all students.

1. Medications must be provided by a parent/guardian. Over-the-counter medications are not available in the clinic.
2. A new medication permission form is required every school year and any time there is a change in dosage. Physician authorization is required for medications that will be kept in the clinic longer than 2 weeks.
3. **Over-the-counter medications** must be in the original bottle/box/container with an intact label stating the medication name, dose, instructions, and expiration date. Physician authorization is required for any request to deviate from the recommended dosage instructions on the label.
4. **Prescription medications** must be in the original container with a pharmacy label stating the student name, medication name, dose, and instructions. *Pharmacists will label an extra prescription bottle for school on request.*
5. **Elementary and middle school** students are not allowed to possess, carry, or self-administer prescription or over-the-counter medications except as allowed by law for diabetes, asthma, and anaphylaxis (see 7a). A parent/guardian must bring prescription and over-the-counter medications to the school nurse.
6. **High school** students are not allowed to possess, carry, or self-administer prescription medications except as allowed by law for diabetes, asthma, and anaphylaxis (see 7b). A parent/guardian must bring prescription medications to the school nurse. WHS students may carry and self-administer over-the-counter medications.
7. **Diabetes, asthma, and anaphylaxis:** Students are entitled by law to self-carry and/or self-administer medications for diabetes, asthma, and anaphylaxis as follows:
  - a. **Elementary & middle school:** A parent/guardian must provide a diabetes, asthma, and/or anaphylaxis care plan every school year signed by a parent/guardian and the student's physician. If the physician and parent/guardian agree that a student has the necessary skills to self-carry and/or self-administer, they can give consent by checking the *self-carry* and/or *self-administer* authorization boxes on the care plan.
  - b. **High school:** Students are expected to self-carry and self-administer medications for diabetes, asthma, and/or anaphylaxis during school, extracurricular activities, and while using district transportation or facilities. A parent/guardian must provide a care plan every school year signed by a parent/guardian and the student's physician if accommodations are required by a Section 504 plan or IEP.
8. When parents bring medications that are classified as controlled substances (such as Ritalin) to school, the school nurse will count and document the quantity received in the student's medication inventory record.
9. Physician authorization (student name, dose, instructions, signature) is required for medication samples.
10. Medication that is recommended or prescribed three times a day (or less often) will not be administered at school unless there is a physician authorization with instructions to administer it at a specific time.
11. Expired medications will not be administered. Parents are expected to replace medications before they expire.
12. Medications cannot be sent home with a student. Unclaimed medications will be disposed of on the last day of school as required by law. The school nurse will send a general reminder to pick up medications before the end of the school year but will not contact individual parents.
13. A district employee shall not administer herbal substances, anabolic steroids, or dietary supplements except as provided in EISD Policy: FFAC (local). In general, pure vitamins and minerals are not considered dietary supplements. Herbal substances or dietary supplements may be administered as prescribed by a physician only if it is required by the IEP or Section 504 plan of a student with a disability. The medication must be provided by the student's parent or guardian. Reliable information must be received from the physician regarding the safe use of the product, side effects, toxicity, drug interactions, and adverse reactions.
14. In accordance with the Nurse Practice Act, Texas Administrative Code, Section 217.11, a Registered Nurse has the responsibility and authority to refuse to administer medications that, in the nurse's judgment, are contraindicated for administration to the student.