



Medication Consent Form

Prescription medications

All medication should be given outside of school hours if possible. Only medication, which is required to enable a student to stay in school, may be dispensed at school. **Medications that are to be given three times a day, can be given at home before school, after school, and at bedtime.**

If necessary, medication may be dispensed at school under the following conditions:

1. All medications must be brought to school by an adult and must be in the original, properly labeled container. **Medication that is in baggies or unlabeled containers will not be dispensed at school.**
2. **No prescription medication or medical procedure will be dispensed or administered at school without a specific written request signed by a parent or legal guardian and a licensed provider. This request should be made on the appropriate form (Medication Consent Form) supplied by the District.**
3. Prescription medication in an original, labeled pharmaceutical container with the student's name and dispensing instructions will be administered according to the doctor's orders on that container.
4. Medication must be kept in the nurse's office in a locked cabinet.
5. Students will not be allowed to carry medications on them except for emergency medications allowed by Texas state law: an inhaler, EpiPen, or insulin. A written statement from a physician and parent/guardian allowing the student to carry and self-administer the medicine while on school property or at a school-related event is required. The physician's order and written parent permission must be on file in the student's medical records.
6. **Medication left at the end of the year will be destroyed unless the parent picks it up. A new medication consent form will be required at the beginning of each school year.**

REQUEST FOR ADMINISTRATION OF MEDICATION AT SCHOOL:

Student: _____ Date/Time: _____

Grade: _____ Homeroom Teacher: _____

Physician Name: _____ Physician Phone: _____

Name of Medication: _____

Diagnosis/Reason: _____ **Drug Allergies:** _____

Directions: _____

- I HEREBY REQUEST THAT THE MEDICATION SPECIFIED ABOVE BE ADMINISTERED TO THE ABOVE STUDENT.
- Parental consent: I consent to and authorize the health care provider to disclose health information to the school, and for the school to disclose the above information to those within the school district who have a need to know for legitimate educational purposes.
- 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..

Parent/Guardian _____ Date _____

Physician Signature: _____ Date/Time: _____