



Muenster ISD Medication Administration Form

Student Name _____ DOB _____ Grade _____ Teacher _____

All medication should be given outside of school hours, if possible. Only medication that is medically necessary during school hours for a student's attendance or written in an IEP or Section 504 plan should be sent to school. Medications ordered three times a day can be given before school, after school, and at bedtime. The initial dose of medication must be administered at home, doctor's office, or hospital. School personnel are not responsible for any ill effects that might occur from this medication. Persons who may assist your child with medications include the school nurse, or trained campus staff. If medication is to be administered at school, the following conditions must be met.

- All medications (prescription and over-the-counter) must be:
 - provided by the parent or guardian
 - transported by an adult if it is a controlled substance, i.e. Adderall. Controlled medications will be counted upon arrival at the clinic.
 - in its original properly labeled container. The pharmacy can supply two (2) labeled bottles for this purpose.
 - accompanied by a written request signed by a parent or guardian to give the medication.
 - placed in a locked cabinet in the health clinic (exception for asthma inhalers, epinephrine, and some other emergency medications).
 - ordered by a physician if it is to be given longer than 10 days or 10 doses, whichever is longer.
 - administered by a district employee.
 - picked up at the health clinic by parent or legal guardian by the end of the school year. Otherwise, it will be destroyed.
- Sample prescriptions and alternative medications must be accompanied by a patient information sheet listing the ingredients, actions, and side effects. Dietary supplements and other nutritional aids **not approved as medication by the FDA may not be dispensed by school personnel.**
- The District can assume no responsibility for loss or negligent behavior when the student carries his/her conventional or alternative medication or dietary supplement without the knowledge of the campus nurse. Noncompliance may subject the student to disciplinary action.
- The campus nurse must be consulted for long term medication, any health care procedures, or monitoring.

Name of Medication: _____ Dose: _____

Reason for Medication: _____

Medication form: tablet/ capsule liquid inhaler injection nebulizer other _____

This medication is: routinely given as needed only (episodic or emergency events)

Scheduled times to be given at school: _____

Start: date received other date: _____ Stop: end of school year other date: _____

Restrictions and/or side effects: none anticipated yes, describe: _____

Special storage requirements: none refrigerate other: _____

This medication is to be carried by the student for safety reasons: no yes

This student is capable of self-administering this medication (example - rescue inhalers):

no yes, without supervision yes, but does require supervision

PARENT/ GUARDIAN

I give permission for my child, _____, to receive the above medication at school according to standard school board policy. 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 Signature: _____ Relationship: _____ Date: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

PHYSICIAN

Physician/ Healthcare Provider: _____ Phone: _____

Physician Address: _____

Dates for which medication is prescribed: _____

Physician's Signature _____ Date: _____

HEALTH OFFICE USE ONLY- Date reviewed: _____ Nurse's signature: _____