



ALEDO INDEPENDENT SCHOOL DISTRICT Medication Request Form

Administration of Medication at School: The only medication given at school will be that which is necessary to enable a student to remain in school. If possible, all medication should be given outside school hours. If necessary, medication will be given at school under the following conditions:

- **All medicines must be kept in the Nurse office.** Students may not carry medications, except for inhalers or Epi-Pens with written physician's orders.
- A Medication Request Form must accompany each medication. Forms are kept in the front office and Nurse's office.
- **Non-prescription medications:** must be in the original container and labeled with the student's name. Only bottles of 100 count or LESS will be accepted due to limited storage space. OTC medications will not be given more than 3 days in a row without physician orders.
- **Prescription medications:** must be in original, properly labeled container. Pharmacies can supply two (2) bottles for this purpose. Medication sent in baggies or unlabeled containers will not be given. Narcotics will not be given at school. Prescription medications will not be given without specific written request signed by both parent/legal guardian and the physician. The request should be made on the appropriate form supplied by AISD or the physician.
- Inhalers: The physician must specify on the medication request form if a student must carry an inhaler with them. A second inhaler must be kept in the nurse office for emergencies. If a student does not follow physician's orders, the privilege will be revoked.
- Three (3) times a day medication: should be given at home before school, after school, and bedtime. Example: antibiotics
- No vitamins, food supplements, or products containing aspirin will be given at school. Example: Excedrin Migraine
- Empty medication containers will be given to the student to take home for refills. Medication brought to school must be given to the nurse upon arrival in the morning. No medications may be carried on the bus.
- Medications must be picked up at the end of the school year or it will be destroyed.

Student _____ Date __/__/__ Grade ____

Physician _____ Phone _____

Physician's Signature: _____

(Required for Prescription medication administration)

I hereby request that the medication specified above be administered to the student named and I release Aledo ISD from any liability.

Parent/Legal Guardian Signature: _____ Phone _____

Medication Name	Dose	Route	Time