

SALADO ISD- REQUEST TO ADMINISTER MEDICATION

State mandated changes. **Effective August 2024.** Administration of **OVER-THE-COUNTER** medications not included in the district's standing orders will **REQUIRE a medical provider AND parent/guardian signature.** All medications must be brought from home in original, unopened container. *Medications included in standing orders include: acetaminophen, ibuprofen, cetirizine, and cough drops. Any other OTC medication requires order from medical provider.*

Name of Student: _____ DOB: _____ Grade: _____			
Condition for which the medication is administered: _____			
Name of medication, dose and method administered: _____			
Time or indication for administration: _____		Expiration date: _____	
Side effects to be noted/reported: _____			
Duration (dates) of administration: From _____ To _____ (Limit of one school year)			
_____	_____	_____	_____
Physician Signature	Print Name	Phone	Date

By signing below, I acknowledge that:

- 1. I give permission for the designated Salado ISD personnel to administer this medication in accordance with the physician's instructions above.*
- 2. I give permission for the school to contact the above health care provider about the administration of this medication.*
- 3. I understand that the School District, the Board and its employees shall be immune from civil liability due to allergic reaction or other injuries resulting from the administration of medication to a student.*

Parent/Guardian Signature

Parent/Guardian (Print)

Date