Student Name:_____ CSISD ID Number: _____ School Year_____

DOB: ___-___-_____ Allergies: _____Grade: _____ Primary Homeroom: _____

College Station ISD Medication Authorization Form

Only medications that are required to enable a student to stay in school may be given at school. Three times a day medication should be given before school, after school, and at bedtime. If necessary, medication can be given at school under the following conditions:

- All medications must be brought to school by a parent/guardian and signed for with the campus RN or designee. Non-Prescription (over-the-counter) medications must be in the original (unopened) container with the label intact and non-expired (includes cough drops).
- Prescription medications must be in a container with a pharmacy label.
- The initial dose of any medication new to the student must be given at home to observe for adverse reactions before it can be administered at school.
- Any change in dosing will require a written order with physician signature.
- Self-carry/self-administered emergency medications require an emergency plan and parental permission.

(Form is valid for the current school year, including summer session)

Medication name and RX #	Pharmacy name and phone #	Administration instructions	Start/End Date	Indication(s) for use

☐ Check box if PRN dose approved for missed morning dose at home.

- I give permission for listed medication(s) to be administered to my child at school or on school-sponsored field trips.
- I understand that the medication may be given by an authorized CSISD employee in the absence of the campus Registered Nurse or Licensed Vocational Nurse.
- I give permission for my child to transport the above medication(s) home at the end of the school year. I accept responsibility for my child and the specified medication. I understand controlled medication will not be sent home with a student and must be picked up by a parent/guardian.
- I understand that the medication will be destroyed unless picked up by the end of the last day of classes.
- I authorize the school nurse to communicate with the prescribing physician.
- I authorize the school to disclose the above information to those within the school district that have a need to know for educational purposes.
- I understand that the Board, the School District, and its employees shall be immune from civil liability due to allergic reactions or other injuries resulting from the administration of medication to my child, provided such administration conforms to the requirement of this policy.
- I understand that the Nursing Practice Act and Texas Administrative Code §217.11 (D)(vi) compels the RN or LVN to contact other health care team members, including the prescribing physician, concerning significant events regarding the patient's status.

_____

Parent/Guardian signature Date Relationship to student

_____

Home Phone Number Work Phone Number Cell Phone Number

In accordance with the Nurse Practice Act; Texas Administrative Code, Section 217.11, the Registered Nurse and the Licensed Vocational Nurse have the responsibility and authority to refuse to administer medications that, in the nurse's judgment, are contraindicated for administration to the student.

Student Name:_____ CSISD ID Number: _____ School Year_____

DOB: ___-___-_____ Allergies: _____Grade: _____ Primary Homeroom: _____

FOR CLINIC USE ONLY: ▢ **Entered in eSchool**	▢ **Teacher notified** /	▢ **IHP (if applicable)**

Medication Count:

Date	Count	Nurse signature	Parent/Witness signature	Date	Count	Nurse Signature	Parent/Witness signature

Comments:

Date	Comment	Date	Comment

Date Medication Returned to Parent or Student:
Medication:
Medication:
Parent or Student Signature:
Nurse Signature:
Medication Wasted (Disposed) on Date:
Medication and Quantity:
Medication and Quantity:
Nurse Signature:
Witness Signature:

Date Reviewed:	**RN/LVN Printed Name**	**RN/LVN Signature/Initials**

In accordance with the Nurse Practice Act; Texas Administrative Code, Section 217.11, the Registered Nurse and the Licensed Vocational Nurse have the responsibility and authority to refuse to administer medications that, in the nurse's judgment, are contraindicated for administration to the student.