

Shiner Independent School District Medication Administration Request Form

When it is necessary for your child to receive medication during the school day:

- **Parent/guardian must provide all medication** and sign the Medication Administration Form. Medications must be transported to and from school by a parent or guardian.
- All Medication must be in the original container, clearly labeled with the student's name, the dosage, and directions for administration.
- Only FDA approved pharmaceuticals (prescription and non-prescription) manufactured within the United States will be administered.
- This form must be signed by a physician/healthcare provider for any medication administered longer than ten days.
- Over the counter medications may be dispensed for illness/injury on a temporary basis. Over the counter medications will not be kept at the school for longer than ten days without a physician's order. Medication will be disposed of at the end of this period if not picked up by a parent or guardian.
- In accordance with the Board of Nurses Rule, 22 Texas Administrative Code, section 217.11, the school nurse has the responsibility and authority to refuse to administer any medications that; in his/her judgement, are not in the best interest of the student.

please fill out form completely

Student		DOB	Grade
Allergies	Medication		Dose/route
Time to be administered	Dates to be administered	Reason for Medication	
PHYSICIANS PRINTED NAME:		PHONE	FAX
PHYSICIANS SIGNATURE		DATE	Special instruction/frequency if prn

My signature below, as the student's parent/guardian, indicates that I request that SISD staff administer the medication specified above to my child. The medication is furnished by me and in its original container and properly labeled. I am also giving my permission for SISD to contact the physician for additional information, if needed.

Parent/Guardian Print

Signature

Date