Cuero Independent School District
-Health Services-

Physician Authorization for Medication Administration at School

(Please complete a form for each medication.)

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

- Parents/guardians must provide all medications and sign the Medication Administration Request form.
- All medication must be in the original container, clearly labeled with the student's name, the dosage, and directions for administration. Parents should request pharmacist to provide a container to be used at school with the dosage amount and time required for the medication to be given at school. Over the counter doses must not exceed the recommended doses and directions of the bottle unless accompanied by a physician's order.
- The Medication Administration Request form must be completed each year and when there are any changes to the original request. A separate form must be completed for each medication.
- Only FDA approved pharmaceuticals (prescription and non-prescriptions) manufactured within the United States will be administered. Homeopathic/Natural preparations and allergy injections will not be accepted.
- All prescription drugs to be administered or kept at school must be accompanied by a written request, signed and dated by the prescribing physician and the parent or guardian requesting this service.
- All nonprescription and OTC drugs to be administered at school must be accompanied by a written request, signed and dated by a parent or legal guardian.
- Medications prescribed or requested to be given three (3) times a day or less are not to be given at school unless a specific time during school hours is prescribed by a physician or the school nurse determines that a special need exists for an individual student.
- Sample medications from a physician must have written instructions from the physician.
- In the interest of the safety of all students, medications must be transported to or from school by a parent/guardian. Medication counts will be performed on all controlled (e.g. schedule II) medications.
- At the end of the school year, all medication that has not been picked up by a parent/guardian will be destroyed.
- In accordance with the Texas Nurse Practice Act, Rule 217.11, the school nurse has the responsibility and authority to clarify any medication order with appropriate licensed practitioners and /or refuse to administer medication that, in the nurse's judgment, is not in the best interest of the student.

_____ _____ _____

Student Name Student Birthdate Campus

Name of medication to be administered:_____

Dosage:_____Route:_____Frequency:_____Time:_____

Diagnosis/Purpose of Medication:_____

Adverse Reactions:_____

Date of Discontinuation:_____

Special Instructions:_____

Physician Name: _____Phone#:_____Fax#:_____

_____ _____

Physician Signature Date

Parental Consent for Medication Administration at School

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

_____ _____ _____

Parent/Guardian Signature Phone number Date