

**ALEDO INDEPENDENT SCHOOL DISTRICT  
HEALTH SERVICES  
1008 BAILEY RANCH ROAD  
ALEDO, TEXAS 76008**



**Authorization for Medication Administration**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Year: \_\_\_\_\_ Grade: \_\_\_\_\_ Medication Allergies: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

***GUIDELINES FOR ADMINISTRATION OF MEDICATION AT SCHOOL:***

1. The only medications that will be given at school are those medically necessary to enable a student to remain in school. When possible, medications should be given outside of school hours. The first dose of any medication will NOT be given at school, nor will medications be provided by the school.
2. All medications MUST be brought to the school by the parent/guardian - these medications must be kept in the school health clinic.
3. Students may NOT carry any medications except for inhalers and emergency epinephrine, which requires filling out the medication self-carry/self-administration form and having it signed by a physician/practitioner.
4. All medication must be unexpired and in its original, properly labeled container with a written request. Medications sent in baggies or unlabeled containers will NOT be accepted.
  - o **Prescription medications** will need a medication authorization form filled out and signed by both the parent/guardian AND the health care provider. They will be administered according to the medical order.
  - o **Non-prescription/Over-the-counter medications** will need a medication authorization form filled out and signed by the parent/guardian only. **If a non-prescription medication is needed for more than five consecutive days**, a medication authorization form will need to be filled out and signed by both the parent/guardian AND the health care provider. Only small bottles (quantity of 30 or less) will be accepted due to limited storage space.
5. Non-FDA-approved medications and/or supplements, as well as narcotics, will NOT be given at school.
6. Any changes in medication and/or dosage requires a new physician order and signature.
7. ALL medications will be disposed of, as required by law, if not picked up by the last day of school.

*I request authorized Aledo ISD staff to administer the medication(s) listed on this form to my child during school hours, to include field trips, according to the medication order. I release school staff from liability in the event of adverse side effects that may occur with administration of a medication.*

MEDICATION ADMINISTRATION INSTRUCTIONS					
Medication Name	Dosage	Time(s) to Give Medication	Route	Reason for Medication	Expiration Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name (PRINT)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Physician Name (PRINT)

\_\_\_\_\_  
Date