

CAMPUS: _____ ID Number: _____ GRADE: _____



WISD 2026-2027
REQUEST FOR ADMINISTRATION OF MEDICATION
TO A STUDENT

This request is intended only for medication that cannot be administered at home. This form must be completed in order for school personnel to administer medication to a student. A new request form and physician order must be completed at the beginning of each school year, for each medication, and each time there is a change in the medication.

- School personnel will not administer the very first dose of any new medication to the student.
- The unexpired medication must be delivered to the school in its original container.
- Medication will not be stored at the school during the summer (will be disposed of after the last day of school if not picked up).

To be filled out by campus Registered Nurse, Prescribing Physician or campus personnel ONLY

DATE OF REQUEST: _____

NAME OF STUDENT: _____ BIRTH DATE: _____

NAME OF MEDICATION: _____

REASON FOR MEDICATION: _____

DOSE: _____ ROUTE _____ TIME OF DAY: _____

ADDITIONAL INSTRUCTIONS/SIDE EFFECTS: _____

Does student have food/drug allergy? YES or NO *If YES, please explain (provide Emergency Action Plan if applicable)

I hereby request that the medication listed above be administered by a Waxahachie ISD employee. I understand that the School District and its employees are immune from civil liability from damages or injuries resulting from administration of this medication (Texas Education Code 22.052). I authorize the district Registered Nurse and the prescribing physician to confidentially discuss or clarify this medication order and to discuss the student's response to the prescribed medication as needed per State law (Nurse Practice Act & Medical Practice Acts of Texas). I consent to the release of the medical information contained on this form to school officials who have a legitimate educational interest in the information.

Parent/Guardian Name: _____ Signature: _____ Date: _____

Physician Signature: _____ Date: _____

Name of Physician (printed): _____ Phone Number: _____