



WHITNEY ISD

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Whitney, Texas 76692
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Medication Administration Form 2026-2027

Name of Student: _____ Grade: _____

Name of Medication: _____ Dosage: _____

Times of administration: _____

Duration of therapy: _____

Parent Signature: _____ Date: _____

Nurse Signature: _____ Date: _____

Please use a separate page for each medication.

Prescription medications must be in the original bottle from the pharmacy with the correct label for administration. Expired bottles will not be accepted.

Over the counter medications must be in new, unopened packages. Expired or opened medications will not be accepted.

**Under no circumstances should a student have a prescription or over the counter medication in their backpack/purse unless the nurse has an order from a physician. (ex. Inhaler or epi pen) Medication should be brought to the office immediately upon arrival at school. Disciplinary consequences may occur if students have medications that are not signed in to the nurse. Many prescription medications are narcotics and can be dangerous to other students.*

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