

Consent to Administer Prescription Medication

Dear Parent/Guardian,

In accordance with Texas law, charter schools may administer medication prescribed by a licensed physician or other authorized prescriber to a student on behalf of the parent or legal guardian under limited circumstances and with the required written authorization. Medication will only be administered if it is necessary for the student to remain in school. Whenever possible, medication should be given at home, outside of school hours.

If administration of medication during the school day is required, the following conditions must be met:

- Medication must be provided in the original, properly labeled container. The pharmacy can furnish an additional labeled container upon request. Medications in baggies or unlabeled containers will not be accepted or administered.
- No medication will be administered without a written request signed by a parent or legal guardian. This request must be submitted on the district's approved form or a comparable form provided by the student's healthcare provider.
- The dosage and administration schedule must align with the manufacturers or prescriber's directions and must be appropriate for the student's age. Any change in dosage or timing requires submission of a new, signed request.
- Medication may be administered only by designated staff members who have received proper training.
- All medications must be stored in a locked cabinet in the nurse's office, except when a physician-authorized self-administration form for asthma or anaphylaxis medication has been completed in accordance with district policy.
- Empty medication containers will be returned to the parent or guardian when depleted or at the end of each month. Parents should provide only the quantity of medication necessary for one week to one month.
- Medication will not be sent home with students. An adult designated by the parent or guardian must retrieve any remaining medication from the nurse or designated school personnel. Medication will only be stored for the duration of the current school year, and parents or guardians may pick up any remaining medication at the end of the year. All unclaimed medications will be properly discarded at the end of the school year.

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Student's Name _____ Sex _____

Date of Birth ____/____/____

The following section should be completed by the physician or health care provider:

Condition for which medication is being administered _____

Medication Name _____ Dose _____ Route _____

Times(s) of day to administer _____

Medication shall be administered from: ____/____/____ to: ____/____/____

Possible side effects _____

Special requirements for administration/storage _____

Known Food or Drug Allergies: YES ___ NO ___

If Yes, please explain: _____

Prescriber's Name _____ Telephone ____ - ____ - ____

Address _____

Prescriber's Signature _____ Date _____

By signing below, I authorize school personnel to administer the above-named medication or treatment to my child, _____, as needed during school hours. I understand that the District, its Board, and employees are not liable for any damages or injuries resulting from the administration of medication in accordance with Texas Education Code §22.052.

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

Date: _____