



Pharr-San Juan-Alamo Independent School District
Health Services Department
Medication at School

In order for school personnel to administer medication at school, you must:

1. Present a written consent form signed by the parent, legal guardian, or other person having legal control of the student.
2. Present a written, signed statement from the prescribing U.S. licensed healthcare provider detailing the administration of medication for **Prescribed and Nonprescription (over-the-counter) medications**. A new order must be filed every school.
3. Nonprescription (over-the-counter) medications must be brought to school in unopened containers labeled with the student's name.
4. Bring the medication in the original prescription bottle properly labeled and obtained from a U. S. Pharmacy.
 - Medication from Mexico will not be administered.
 - Medicine must be brought to nurse by an adult. *Students may not carry medication to school.*
 - Medication can be transferred to a properly labeled unit dose container by the school health staff from a container that appears to be the original, properly labeled container.
 - I understand the risks and possible adverse effects of the medication being administered by school personnel and hold the school nurse harmless for administering the medication should consequential illness or damage occur to my child due to the medication. If the nurse feels that clarification is needed, nurse will seek clarification. Parents are welcome to administer medication until clarification is received.

Name of Student: _____ D.O.B.: _____

Grade: _____ I.D. : _____ Medication Allergies: _____

LICENSED HEALTHCARE PROVIDER'S STATEMENT

Diagnosis: _____

Name of medication: _____

Purpose of medication: _____

Strength: _____ Route of administration: _____ Time: _____ Dose: _____

Side effects with specific adverse reactions: _____

Discontinue this treatment (Date): _____ Special Storage requirements: _____

For Asthma or Anaphylaxis (example: EpiPen) medication:

Is child authorized to medicate herself/himself? _____

Is child authorized to carry the medication? _____

Does child have necessary skill levels for self-administration? Yes _____ No _____

Printed Name of Licensed Health Provider

Signature of Licensed Health Provider (Not Stamp)

Date

Address: _____ Phone: _____

TO BE COMPLETED BY PARENT/GUARDIAN

I authorize school personnel to assist our child in taking medication. I give permission for my child to receive the medication ordered by the above Health Provider. If applicable, I allow my child to self-administer medication as indicated above by my child's healthcare provider. Before self-administration is allowed, students must demonstrate to the school nurse that they have the necessary skill level.

Parent/Guardian

Signature

Date

Home Phone

Emergency Phone



Pharr-San Juan-Alamo Independent School District
Health Services Department
Medicamentos en la Escuela

Para poder administrar medicamentos en la escuela es necesario:

1. Presentar un permiso por escrito firmado por los padres o tutores que tengan control legal del estudiante
2. Presentar un documento firmado por un proveedor de servicios de salud en Estados Unidos, del estudiante, en donde describa detalladamente las instrucciones para tomar el medicamento para medicamentos recetados y sin receta. Esta forma necesita renovarse cada año
3. Los medicamentos sin receta deben traerse a la escuela en recipientes sin abrir etiquetados con el nombre del estudiante.
4. Necesita presentar la medicina en el envase original con las instrucciones escritas en la etiqueta y por un Farmacéutico registrado en Estados Unidos
 - No se administrarán medicinas Mexicanas
 - Un adulto deberá entregar la medicina a la enfermera. Los estudiantes no pueden traer la medicina a la enfermera.
 - La medicina puede ser cambiada a un envase propiamente etiquetado por la enfermera, del envase original propiamente etiquetado.
 - Entiendo los riesgos y los posibles efectos adversos del medicamento administrado por el personal de la escuela, y eximo de responsabilidad a la enfermera de la escuela por administrar el medicamento en caso de que mi hijo sufra una enfermedad o daño debido a este medicamento. Si la enfermera necesita más información ella deberá llamar al consultar. Se aceptarán que los padres puedan administrar los medicamentos a sus niños hasta recibir las recomendaciones del consultar.

Nombre de estudiante: _____ Fecha de Nacimiento: _____

Grado: _____ I.D.: _____ Alergias a medicamentos: _____

LICENSED HEALTHCARE PROVIDER'S STATEMENT

Diagnosis: _____

Name of medication: _____

Purpose of medication: _____

Strength: _____ Route of administration: _____ Time: _____ Dose: _____

Side effects with specific adverse reactions: _____

Discontinue this treatment (Date): _____ Special Storage requirements: _____

For Asthma or Anaphylaxis (example: EpiPen) medication:

Is child authorized to medicate herself/himself? _____

Is child authorized to carry the medication? _____

Does child have necessary skill levels for self-administration? Yes _____ No _____

Printed Name of Licensed Health Provider

Signature of Licensed Health Provider (Not Stamp)

Date

Address: _____ Phone: _____

PADRES O TUTORES DEBERAN LLENAR LA SIGUIENTE INFORMATION

A firmar esta forma, autorizo, al personal de la escuela que atienda a mi hijo/a con la administración de su medicamento. Yo doy mi permiso para que mi hijo/a reciba el medicamento autorizado por el proveedor de Servicios de Salud. En el caso de medicamentos de asma doy permiso que mi hijo/a se atienda a sí mismo, apegado a las indicaciones del proveedor de servicios de salud autorizado. Antes de que el estudiante se administre algún medicamento: el estudiante deberá demostrar a la enfermera/o de la escuela que tiene la capacidad necesaria para que se administre el medicamento.

Firma del padre/tutor

Fecha

Teléfono

Teléfono de emergencia