



HEALTH SERVICES DEPARTMENT MEDICATION AUTHORIZATION FORM

Only medications that are required to enable a student to stay in school may be given at school. Three times a day medication should be given before school, after school, and at bedtime. If necessary, medication can be given at school under the following conditions:

MEDICATION MUST BE IN ORIGINAL PROPERLY LABELED CONTAINERS, dated for the current school year and brought to school by an adult. MEDICATION SENT IN BAGGIES OR UNLABELED CONTAINERS WILL NOT BE GIVEN.

1. Prescription medications will be given only with a specific written request signed by at least one parent/guardian.
2. Physicians must be licensed to practice medicine in Texas. The prescription label will serve as the physician's signature. This request form may be obtained at the school or on the EMS-ISD website (www.emsisd.com).
3. A trained unlicensed employee (designated by school principal) may dispense medications.
4. All medications must be kept in the clinic, except for students whose doctor and parent furnishes the school with a written permit to carry an inhaler on their person. A second inhaler must be kept in the clinic.
5. Please speak to the school nurse if your child requires long-term medication, any health procedure, or monitoring.
6. Aspirin or products containing aspirin should not be given to students under the age of 18 without a physician's order.
7. **FDA APPROVED OVER THE COUNTER MEDICINE REQUIRES PARENT/GUARDIAN WRITTEN PERMISSION AND MAY NOT BE GIVEN BEYOND 7 DAYS OR 7 DOSES WHICHEVER IS LONGER WITHOUT A DOCTOR'S WRITTEN ORDER.**
8. **The district can assume no responsibility for loss or negligent behavior when the student carries his/her conventional or alternative medication or dietary supplement without the knowledge of the campus health coordinator. Noncompliance may be subject to disciplinary action.**

REQUEST FOR ADMINISTRATION OF MEDICATION AT SCHOOL

STUDENT _____ DATE _____

TEACHER _____ GRADE _____ DOB _____

| Name | Route | Dose | Frequency |
|------|-------|------|-----------|
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PARENT/GUARDIAN CONSENT:

I give my permission for the above prescription medication(s) to be given to my child at school or on school sponsored field trips. I understand that the medication may be given by an authorized EMSISD employee. I consent to and authorize the health care provider to disclose health information to the school, and for the school to disclose the above information to those within the school district that have a need to know for legitimate educational purposes.

Parent/Guardian Signature Relationship to student

Home Phone # Business/ Cell phone #

Physician's Signature Physician's Phone #

If my child forgets to take morning dose at home you have my permission to administer that dose at school after calling me to verify the missed dose.

Parent/Guardian Signature Relationship to student Date

