

Medication Administration Authorization Form

Student: _____ DOB: _____ Date: _____
 School/ISD: _____ Grade: _____ Teacher: _____

*The only medication given at school will be that which is necessary to enable a student to remain in school. If possible, all medication should be given outside of school hours. If necessary medication will be given at school following the Medication Administration Protocol for School Administered Medication.

*Additional paperwork is required for Emergency Medications such as EpiPen, Inhalants, and Diazepam. Please see your campus nurse to discuss all pertinent medical conditions concerning your child.

***One medication per medication form. All information on the chart below must be correct.**

Routine and PRN Medications

Medication Name	Date Received and initial of staff member	Expiration date of medication	Medication Dose	Time to be administered	Medication Route	Beginning and Ending Date
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Name of CISD Staff receiving the medication: _____ Date received: _____

Nurse reviewed the above medication on _____ Nurse Signature _____

Prescription Medications (All medication prescription & non-prescription are kept under lock & key.)

*As the parent/guardian, I understand that **NO MEDICATION IS SUPPLIED BY THE SCHOOL.**

* I have received a copy of the Medication Administration Protocol for CISD. _____ Parent/Guardian initial

I give permission as the parent/guardian of the above student to receive the above mentioned medication at school according to the medication administration protocol and board policy. By signing this form, I release Cleburne ISD from any liability. Over the counter medications must have a physician signature. I am also aware that at the end of school I must pick up medication. No medication will be sent home with student. All medications left at the end of the school year will be destroyed.

*In accordance with the Nurse Practice Act, Texas Code Section 217.11 the school nurse has the responsibility and authority to clarify any medication order with appropriate licensed practitioner and/or refuse to administer medication that in the nurse's judgment is not in the best interest of the student.

Parent/Guardian: _____ Date: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Physician Signature: _____ Date: _____

Physician Name: _____ Office Phone: _____

Medication Administration Protocol for CISD

All Medications at School and School Sponsored Field Trips

*A new Medication Administration Authorization Form must be updated every school year for each medicine to be administered. A new year means a new form.

*All medications will be furnished by the parent and must be delivered to the nurse's office by the parent or guardian with appropriate signed forms.

*Students may not have prescription or non prescription medication in his/her possession while at school **EXCEPT** emergency medication prescribed by physician and meeting the school board policy and protocols for student administered medication. Emergency Medication includes: EpiPen or Asthma Inhaler. A student contract to carry emergency medication signed by the parent/guardian and physician shall be kept in the nurse clinic. Students that do not follow medication protocols and procedures set by CISD may be subject to disciplinary action.

*All medications must be in the original, properly labeled container. Medication in baggies, envelopes, or unlabeled medication WILL NOT be given.

Prescription Medication at School

***Medication must be accompanied by the Medication Administration Authorization form signed and dated by the parent/guardian and physician with each new medication.**

*When the medication dosage changes, written notification, (a new Medication Administration Authorization Form) signed by the parent/guardian along with a written order from the physician and a new medication bottle with the new dosage on the label shall be submitted prior to any medication being administered by a school authorized employee.

*Whenever possible please give medication at home. "Three times a day "could be before school, after school, and at bedtime.

*The first dose of a new medication shall be given at home in case the student is sensitive to the medicine.

*If the medication is to be given at home and at school, parents shall request that the pharmacist divide the prescription into two containers with current prescription labels.

*Sample medications must be accompanied by a written prescription signed by the physician.

Over The Counter Medication at School

***All over the counter, nonprescription medications must be accompanied by a Medication Administration Authorization Form signed by Physician and the parent/guardian.**