



## Parent/Guardian Authorization for Medication Administration at School

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

**Only those medications that are medically necessary during school hours should be sent to school.**

Student Health Services of Collinsville Independent School District require the following:

- Parent/Guardian written authorization for medication administration at school.
- Medication in the original, properly labeled container (child’s first and last name, name of medicine with strength, dosage and directions; name of prescribing physician who is licensed in Texas)
- Non-prescription/Over-the-counter medications may be kept available in the health office only after the parent **provides** the medication in the original bottle along with a completed consent form. Dosage must comply with the manufacturer’s recommendations or a physician’s order will be required. Absolutely **NO ASPIRIN** will be administered without a physician order.
- The first dose of any medication **may not be given at school**.

**Please complete the following:**

Medication name and strength	Dosage	Time to be given	Reason/Medical condition for medication	Expiration date of medication:

Additional comments: \_\_\_\_\_

Medication start date: \_\_\_\_\_ Medication end date: \_\_\_\_\_

1. I request the above medication be given during school hours.
2. I release school personnel from liability in the event adverse reactions result from taking this medication.
3. I will notify the school of any change in medication (dosage change, time change, etc.)
4. I give permission for the district nurse to communicate with the student’s teachers about the student’s health condition(s) and the action(s) of the medication.
5. I give permission for the district nurse to consult with the above student’s physician regarding any questions that arise with regard to the listed medication or medical condition being treated by the medication.
6. I give permission for the medication to be given by trained school personnel (as delegated by the principal) when the district nurse is not present.

Please note: Elementary students may not carry medications home (with the exception of inhalers); all medication must be transferred from adult to adult.

**I understand I am responsible for retrieving the medication from the School Health Office when it is no longer needed or when the school year ends. All remaining medication will be destroyed 1 week after the last day of school.**

_____	_____	_____
Parent/Guardian Printed Name	Day Phone	Alternate Phone
_____	_____	_____
Parent/Guardian Signature	Date	Relationship to student