

## Weimar Independent School District Parent/Guardian Authorization of Medication at School

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID # \_\_\_\_\_

### MEDICATION POLICY

1. Parents/Guardians shall provide any necessary medication(s) for their student. Texas law does not allow public schools to administer non-prescription medication such as Tylenol, Ibuprofen or cough syrup, etc. These must be supplied from home. Loose, unlabeled, and/or medications in baggies will **NOT** be given and will be disposed of.
2. All non-prescription medications must be in the original package with dose specifications.
3. If any medication, prescription or non-prescription, is to be given for more than 15 consecutive days, the prescribing physician must co-sign the permission form.
4. Prescription medication must be in the original prescription bottle with correct and current label, showing the student's name, medication name, dispensing instructions, physician's name, and recent date. Ask the pharmacy for a school bottle.
5. School staff will **NOT** administer medications from foreign countries.
6. A physician's order is required for any injectable medication. Allergy shots will **NOT** be given.
7. All medication will be kept secure and administered in the Health Office/Front Office, as designated by the campus principal.
8. Medication requested to be given three (3) times daily or less will not be given unless the prescribing physician orders a specific time or the school nurse determines that a special circumstance exists for an individual student.
9. School staff will **NOT** administer herbal remedies or homeopathic products, unless required by the student's IEP, or section 504 plan of a student with a disability.
10. Students in grades Pre-K-12<sup>th</sup> **ARE NOT ALLOWED** to carry any medication, prescription or over-the-counter, or to self-administer the medication unless ordered by a U.S. licensed medical practitioner for diabetes, asthma and anaphylaxis. **By law only medications with medical order/permission that may be carried by a student is an asthma inhaler, EpiPen, and/or insulin/diabetes.**
11. Parents/Guardians **MUST** deliver and pick up all medication to and from the Health Office. The parent/guardian must properly fill out the Authorization of Medication at School Form.
12. A new Authorization of Medication at School Form must be filled out every school year.
13. In accordance with the Board of Nurses Rule, 22 Texas Administration Code, section 217.11, the school nurse has the responsibility and authority to refuse to administer any medication at in his/her judgement is not in the best interest of the student.

**Please complete the following:**

Type of Medication <input type="checkbox"/> Prescription <input type="checkbox"/> Non-Prescription		Name of Medication/Strength	
Dosage	Route	Time to be Given	
Form of Medication <input type="checkbox"/> Tablet <input type="checkbox"/> Capsule <input type="checkbox"/> Liquid <input type="checkbox"/> Inhalant <input type="checkbox"/> Other:		Reason to be given	Number or Amount of Medication Provided:
Physician's Name	Physician's Signature <input type="checkbox"/> See attached physician's order	Office Number	Date

**Only those medications that are medically necessary during school hours for a student's attendance or written in an IEP should be sent to school. The first dose of a medication may not be given at school.**

1. I request authorized Weimar ISD staff to administer the medication listed on this form to my child during school hours to include field trips according to medication label and/or physician instructions. **Any changes in medication and/or dosage require a new physician's order and signature.**
2. I release school personnel from liability in the event ill effects that may occur with administration of a medication.
3. I will notify the school of any changes in the medication, (dosage, time, etc.)
4. I give permission for the school nurse to communicate with the student's teachers about the student's health condition(s) and the action(s) of the medication.
5. I agree to abide by federal and state law and Weimar ISD guidelines for medications in the school setting.
6. I give permission for the school 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.
7. I give permission for the medication to be given by trained school personnel as delegated by the campus principal.

**I understand I am responsible for retrieving the medication from the School Health/Front Office when it is no longer needed or when the school year ends. All unclaimed medication will be disposed of on the last day of school as required by law.**

Parent/Guardian Name	Parent/Guardian Signature	Date
Home Phone	Mobile Phone	Work Phone