

School: \_\_\_\_\_

Teacher: \_\_\_\_\_

Grade: \_\_\_\_\_

### Medication Administration Permission Form

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Medication and food allergies: \_\_\_\_\_

Other medications taken at home: \_\_\_\_\_

 Today's Date: \_\_\_\_\_ This medication form is valid for the current school year: 20 20 -20 20

Students in grades PreK-12 **ARE NOT ALLOWED** to carry any medication, prescribed 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 the only medications with a medical order/permission that may be carried by a student is an asthma inhaler, EpiPen, and/or insulin/diabetes.**

Austin ISD Health Services and Nursing require the following:

- **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.**
- A U.S. medical practitioner's written order/parent or guardian consent dated for the **CURRENT** school year and signed by the parent, legal guardian or other person(s) having legal authority of the student **AND** the medical practitioners who are licensed to practice medicine in the United States/State of Texas.
- Medication must be in the original, properly labeled container from a registered pharmacist (name of the student, name of the medicine with strength, dosage and directions; route to be given, name of prescribing medical provider who is licensed in Texas, and current date).
- Non-prescription and over-the-counter medications require the above (AISD Student Handbook, FFAC local).

#### MEDICATION ADMINISTRATION INSTRUCTIONS

Medication Name and Strength	Dosage	Time(s) to Give Medication at School	How Medication is Taken (by mouth, eye, ear nose, tube, inhaler, with a topical cream or injection)	Condition for which Medication is Given	ICD10	Stop Date

Special medication instructions: \_\_\_\_\_

**All unclaimed medication not picked up will be disposed of on the last day of school as required by law.**

I request authorized Austin ISD to administer the medication(s) listed on this form to my child during school hours to include field trips according to medication label and/or medical provider instructions. **Any changes in medication and/or dosage require a new medical provider order and signature.**

- I release school staff from liability in the event of ill effects that may occur with administration of a medication.
- I agree to abide by federal and state law and Austin ISD guidelines for medications in the school setting.
- I understand that the school nurse may designate trained Austin ISD staff to administer medication(s).

SIGN HERE

Parent/guardian signature

Parent/guardian name (print)

Date

☐ **YES** ☐ **NO** - I have instructed this student and give my permission for the self- carry of their emergency asthma and/or anaphylactic allergy medication. Check applicable: ☐ Inhaler ☐ EpiPen ☐ Diabetes medication/insulin

SIGN HERE

Medical provider signature

Medical provider name (print or stamp)

Date

Reviewed by:

RN Printed Name

RN Signature

Date

Campus Health Room Assistant \_\_\_\_\_ may / \_\_\_\_\_ may NOT administer this medication