



EANES INDEPENDENT SCHOOL DISTRICT

Exp: #1 _____ #2 _____

MEDICATION PERMISSION FORM

Parental Consent to Administer Medication During the School Day

Rev. 5/13

Student's Name: _____ Date of Birth: _____ Wt. _____ lbs.

Medication Allergies: _____

I, _____, request and give permission for school personnel at _____ to give my child

Print Parent/Guardian Name

Name of School

(named above) the following medication(s) according to the stated directions. I understand and agree that the school will not be held responsible for any ill effects which might occur in connection with the administration of this medication.

Medication #1 Expiration date: _____ Medication: _____ Dose on label: _____ Dose to be given: _____ Instructions: _____ Time(s) to be given: [] At: _____ [] Every _____ hours [] As needed for _____ Dates to be given: From _____ To _____ Reason for medication: _____

Medication #2 Expiration date: _____ Medication: _____ Dose on label: _____ Dose to be given: _____ Instructions: _____ Time(s) to be given: [] At: _____ [] Every _____ hours [] As needed for _____ Dates to be given: From _____ To _____ Reason for medication: _____

Parents, please review the EISD medication policy on the back of this form before signing below.

Key Points:

- Medication must be provided by the student's parent/guardian. Over-the-counter medications are not available in the clinic. Medication must be in its original container with dosing instructions (not a blister pack, ziplock bag or dosing syringe). Prescription medication must have a pharmacy label stating the child's name, drug, dose and instructions. A parent's permission expires after 2 weeks. A physician must authorize medication that is kept in the clinic longer than 2 weeks. Expired medication cannot be administered. Unclaimed medication will be destroyed after the last day of school. Students in grades K-8 are not allowed to carry medication onto school property or district transportation unless entitled by law.

Parent/Guardian Signature: _____ Date: _____

PHYSICIAN AUTHORIZATION

REQUIRED FOR MEDICATION TO BE GIVEN OR KEPT IN THE CLINIC LONGER THAN 2 WEEKS

PHYSICIAN'S ORDERS FOR MEDICATION

Please give _____ the following medications as directed. Print Student's Name

Table with 4 columns: Date Prescribed, Medication, Dosage, Instructions. Two rows for medication orders.

Physician's Signature Date Physician's name & phone number (stamp or print)

EANES INDEPENDENT SCHOOL DISTRICT
POLICY FOR ADMINISTRATION OF MEDICATIONS AT SCHOOL Rev. 5/13

In compliance with state law, the following restrictions are observed to protect of the health and safety of all students.

- Medication must be provided by the student's parent/guardian. Over-the-counter medications are not available in the clinic.
- A medication permission form with written instructions and parent/guardian signature must be included with each medication.
- Medication must be in its original container with a label stating the medication name, dose & instructions.
- Prescription medication must have a pharmacy label stating the child's name, drug, dose and instructions. A pharmacist can provide an additional prescription bottle for school.
- Elementary and middle school students are not allowed to carry or possess medication on school property, including district transportation, with the following exceptions:
 - Students in grades 9-12 may possess and self-administer over-the-counter medications with the verbal consent of the student's parent/guardian. School district personnel will not monitor or oversee this practice unless otherwise requested to do so by a parent.
 - Students may possess and self-administer medications for diabetes, asthma and anaphylaxis if the nurse has received signed permission and authorization statements from the student's parent/guardian and physician/health care provider. Specific guidelines are re-printed below.
- Medications can be administered daily or on an "as needed" basis for a period of up to 10 consecutive school days (2 weeks) if accompanied by a medication permission form signed by the parent/guardian.
- Medications that will be administered or kept in the clinic longer than 10 consecutive school days (2 weeks) must be accompanied by a physician's authorization form that was completed and signed by the student's physician.
- Herbal substances or dietary supplements provided by the parent will be given only if it is required by the Individualized Education Program or Section 504 plan of a student with disabilities. In general, pure vitamins and minerals are not considered dietary supplements.
- Sample medications provided by a physician can be administered by an RN when the medication is accompanied by a written order for the medication from the student's health care provider AND written permission from the child's parent or legal guardian.
- Many medications prescribed for school-aged children can be administered at home by the child's parent(s) or guardian. For example, a medication that is to be administered three times daily (TID) should be given every eight hours. Most students are not in school for more than eight hours, and therefore, parents or guardians should give this medication before and after school and then at bedtime.
- *All unclaimed medication will be destroyed after the last day of school.*

Sec. 38.015. SELF-ADMINISTRATION OF PRESCRIPTION ASTHMA OR ANAPHYLAXIS MEDICINE BY STUDENTS.

A student with asthma or anaphylaxis is entitled to possess and self-administer prescription asthma or anaphylaxis medicine while on school property or at a school-related event or activity if:

- (1) the prescription medicine has been prescribed for that student as indicated by the prescription label on the medicine;
- (2) the student has demonstrated to the student's physician or other licensed health care provider and the school nurse, if available, the skill level necessary to self-administer the prescription medication, including the use of any device required to administer the medication;
- (3) the self-administration is done in compliance with the prescription or written instructions from the student's physician or other licensed health care provider; and
- (4) a parent of the student provides to the school:
 - a written authorization, signed by the parent, for the student to self-administer the prescription medicine while on school property or at a school-related event or activity; and
 - a written statement from the student's physician or other licensed health care provider, signed by the physician or provider, that states:
 - that the student has asthma or anaphylaxis and is capable of self-administering the prescription medicine;
 - the name and purpose of the medicine;
 - the prescribed dosage for the medicine;
 - the times at which or circumstances under which the medicine may be administered; and
 - the period for which the medicine is prescribed.

The physician's statement must be kept on file in the office of the school nurse of the school the student attends or, if there is not a school nurse, in the office of the principal of the school the student attends.

Added by Acts 2001, 77th Leg., ch. 511, Sec. 1, eff. June 11, 2001. Renumbered from Education Code Sec. 38.013 by Acts 2003, 78th Leg., ch. 1275, Sec. 2(19), eff. Sept. 1, 2003. Amended by: Acts 2006, 79th Leg., 3rd C.S., Ch. 5, Sec. 10.01, eff. May 31, 2006. Acts 2006, 79th Leg., 3rd C.S., Ch. 5, Sec. 10.02, eff. May 31, 2006.