



AUTHORIZATION FOR MEDICATION TO BE TAKEN DURING SCHOOL HOURS

Student's Name: _____ DOB: _____

Medication: _____ Strength: _____

Dosage: _____ Time to be given: _____

Diagnosis/Reason for medication: _____

Medication Allergies: _____

PARENT: Please Check All That Apply:

____ I give permission for exchange of verbal and written communication regarding my child's medication regimen and plan of care between school health services and the prescribing physician.

____ I request that the medication described above be administered to my child at school by authorized personnel.

____ I **Do** or ____ I **Do Not** give permission for my child to transport this medication to Health Service Personnel and back home. ***If not, you will be required to pick the medication up from the health office in a timely manner or the medication will be properly disposed of.**

Parent/Guardian: _____ DATE _____

***All Emergency Medications carried by the student must have the prescription label on the medication. (See CISD Medication Policy for more information)**

STUDENT AGREEMENT: I agree to use my prescription asthma or anaphylaxis medicine in accordance with the physician and parent authorization. I will ensure that other students do not have access to my medication. I also agree to report to the school health office if my symptoms are not relieved by my medicine.

Student Signature _____ Date _____

PHYSICIAN:

If this medication is a rescue inhaler or anaphylaxis medication please complete the following:

The above named student IS or IS NOT (circle one) capable of possessing and self-administering the above named medication while on school property or at a school related event.

PHYSICIAN SIGNATURE: _____ **DATE** _____

Physician Name - Print: _____ **DATE** _____

CANYON INDEPENDENT SCHOOL DISTRICT
SCHOOL HEALTH SERVICES

AUTHORIZATION FOR MEDICATION TO BE TAKEN DURING SCHOOL HOURS (Continued)

PLEASE KEEP THIS PAGE FOR YOUR RECORDS

Parent/Guardian:

If your child will require any prescription or non-prescription medicine at school, please contact School Health Services Personnel. You will be required to follow the CISD Policy regarding the administration of medication at school.

A few things to remember:

- Medication that can be given at home should be given at home prior to school or after school.
- All prescription and non-prescription medication must be furnished by the parent/guardian and dispensed by school personnel with the exception of asthma inhalers, epi pen, and insulin. Please see the school health personnel on your child's campus about requirements if your child must carry an inhaler, EpiPen, or an insulin pump.
- **All prescription and non-prescription medication must be *unexpired* and in the *original properly labeled container*.** Medication sent to school in baggies or other unlabeled containers will not be given. It is helpful to ask the pharmacist to label an extra bottle for the child to leave at school for short-term medication as well as long-term medication. Prescription medication labels and Dr.'s orders must match in order to be given.
- Age limits on over the counter medication labels must be followed at school. Exceptions will only be made with written permission from a doctor.
- Prescription medication must be prescribed by a licensed Texas MD, NP, or PA.
- **All prescription and non-prescription medication must be accompanied by a written request signed by the parent/guardian.**
- In addition to written parent permission, **medication that needs to be taken during the school day may be administered up to 15 doses throughout the school year without a doctor's note unless the school nurse determines that a doctor's note is necessary to administer medication. The CISD medication authorization form must be completed by the parent, including the purpose of the medication, before medication will be administered.**
- If your child will receive hand held nebulizer treatments at school, please send tubing, mask/mouth piece, and medication that is in the original pharmacy labeled container.
 - School nurses will not administer non-FDA approved products, herbal/dietary products, or medications purchased in foreign countries, or non-traditional preparation.

Canyon ISD takes the position that all licensed nurses are required to comply with the Board of Nurse Examiners (BON) rules and regulations. According to rule 217.11 (T) nurses will only accept those nursing assignments that take into consideration patient safety and that are commensurate with one's own educational preparation, experience, knowledge and physical and emotional ability and according to rule 217.11 (N) will clarify any order or treatment regimen that the nurse has reason to believe is inaccurate, non-efficacious or contraindicated by consulting with the appropriate licensed practitioner and notifying the ordering practitioner when the nurse makes the decision not to administer the medication or treatment. The nurse has the authority to refuse to administer medication, which the nurse believes is not in the best interest of the patient per Rule 217.11 (1a,c). Further, the nurse has the duty to clarify and question any unclear order.