

Administration of Medication at School

This form must be filled out completely for school health staff to administer medication to a student. A new medication authorization form must be completed at the beginning of each school year, for each medication, and each time there is a change in the medication's administration instructions. The following is required by the provider of the medication according to Texas Education Code's, Chapter 22, Section 22.052:

1. Prescription and non-prescription medication must be delivered to school in its original container.
2. The container must be properly labeled by a pharmacist or the prescribing physician.

Student's Name _____ Sex _____

Date of Birth ____/____/____ Grade Level _____

Condition for which medication is being administered _____

Medication Name _____ Dose _____ Route _____

Times(s) of day to administer _____

Medication shall be administered from: ____/____/____ to: ____/____/____

Possible side effects _____

Special requirements for administration/storage _____

Known Food or Drug Allergies YES NO If Yes, please explain _____

I request that school health staff administer the medication as described above by my child's primary prescriber. I consent to medication administration for my child named above and agree to review and provide any special instructions for the administration of child's medication and share that information with my child's school health staff.

Parent/Guardian Signature _____ Date _____

Cell Phone ____ - ____ - ____ Home Phone ____ - ____ - ____ Work Phone ____ - ____ - ____

Medication was received from _____ Date _____

Medication was received by _____ Date _____

Initial Count (pills or tablets) or Measurement (liquids) _____