CROSBY ISD

Authorization and Permission for Administration of Medication

Student Name: _____ DOB: _____
Last First Middle

Teacher/Grade: _____ Date: _____ Rec'd by: _____

School Name: _____ ID: _____

Guidelines:

1) Parent signed & dated authorization to administer medication.
2) The medicine is in the original UNOPENED container as dispensed or the mfr's labeled container.
3) The medication label contains the student name, name of medication, directions for use and dates.
4) Over the counter medications will be given for FIVE (5) days and then must be picked up by parent/guardian. Any meds left after 5 days **WILL BE DISCARDED**. Any medical problem not resolved in 5 days needs to be evaluated by a physician.
5) Any prescription medication being taken >10 days requires a physician's signature.
6) All medications must be delivered to the school nurse by a responsible adult and must be picked up from the school by a responsible adult.
7) Annual renewal of authorization and immediate notification, in writing, of changes.

TO BE COMPLETED BY PARENT/GUARDIAN:

Medication Dosage Time

Medication Dosage Time

Medication Dosage Time

Special Instructions: _____

Allergies: _____

Condition for which this medication is being taken: _____

_____

Other meds being taken: _____

Physician Name (print): _____

Physician Signature: _____

Phone: _____

Start Date: _____ **End Date:** _____

Pill Count

Date	**# Rec'd**	**Initials**

I request the above named student be given the medication at school by designee, according to the prescription or non-prescription instructions and a record maintained. The student has experienced no previous side effects from the medication. I further agree that school personnel may contact the physician as needed and that medication information may be shared with school personnel on a need to know basis.

I understand the law provides that the District, the board and its employees shall be immune from liability for damages or injuries resulting from the administration of medication to a student. I agree to provide safe delivery of medication and equipment to and from school and pick up remaining medication and equipment or it will be properly disposed of.

Comments: _____

Parent's Signature: _____ Date: _____ Phone: _____