

# North Zulch ISD

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This form must be filled out completely in order 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:

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

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Teacher/Homeroom \_\_\_\_\_

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 \_\_\_\_\_

Prescriber's Name \_\_\_\_\_ Telephone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address \_\_\_\_\_

Prescriber's Signature \_\_\_\_\_ Date \_\_\_\_\_



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) \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_