

*** ALL medication (over-the-counter and prescription) REQUIRES a medical provider (physician, podiatrist, or dentist) AND parent/guardian signature per state requirements.***

Savoy Independent School District

Medication Permission Form

(To be completed at the beginning of each school year or for any medication change and kept on file with the campus nurse)

Name of student _____

Date of Birth _____ Grade _____ Drug Allergies: _____

<i>Medication</i>	<i>Dose</i>	<i>Time/Frequency</i>	<i>Route</i>	<i>Reason for Taking</i>

*Savoy ISD does not administer vitamin, herbal, home remedy or non-FDA approved medications. Savoy ISD does not administer aspirin containing products to anyone under 18 years of age without a signed doctor's note. Medications will be administered according to pharmacy label. If there is a dosage change, a written note from the doctor will need to be given to the nurse. All medications must be in original container. Prescription medication must be properly labeled from pharmacy. Expired medications will not be administered to students. Over-the-Counter medications must be in original container. The school district does not provide medication for students. Medication will be left in the nurse's office unless student has a self-carry permission form for certain allowed medications.

PHYSICIAN AUTHORIZATION

PHYSICIAN _____
Printed Name Signature Date

PHYSICIAN _____
Phone Number

I authorize Savoy ISD to administer above medication(s) to my child and understand that a designated employee may administer medications if the nurse is unavailable. I also authorize the **SISD nurse to contact the physician to clarify medication orders and discuss effects and conditions, if needed. Medication not picked up at the end of the school year will be destroyed.**

Parent/Guardian _____
Printed Name Signature Date

Emergency Contact _____
Printed Name Phone Number

SAVOY INDEPENDENT SCHOOL DISTRICT

304 W. HAYES

SAVOY, TX 75479

(903) 965.7738 (PHONE)

(903) 965.4389 (FAX)

Savoy ISD Parents/Guardians,

This is to inform you of an important, **State-Mandated** change by the Board of Nursing regarding the administration of medications during the school day for the 2024-2025 school year.

Administration of all Medications (*over-the-counter and prescription*) **during the school day will now require a MEDICAL PROVIDER and parent/guardian signature.** *This includes but is not limited to: Ibuprofen or acetaminophen, oral or topical allergy medication, insect bite or burn-gel.*

If your child needs over-the-counter medication during school hours but does not have a doctor's authorization, a parent or legal guardian will need to come to the school to administer the medication.

We understand this is a shift in previous practice and we will continue to support our students' health and learning needs while at school while incorporating this practice standard.

We appreciate your understanding. Sincerely,

Sarah Brown, LVN
Savoy ISD School Nurse