Alvord ISD Medication Administration Request Form

Guidelines for Administration of Medication at School

All medication should be given outside of school hours, if possible. Only medication that is required to enable a student to stay in school may be given at school. Medications ordered three times a day can be given before school, after school, and at bedtime. The initial ose of medication must be administered at home, doctor's office, or hospital. If medication is to be administered at school, the rollowing conditions must be met:

All medication (prescription and over-the-counter) must be:

a. provided by the parent/guardian.
b. transported by an adult if at all possible is a controlled substance, i.e. Ritalin. in its original, properly labeled container. The pharmacy can supply two (2) labeled bottles for this purpose.
c. accompanied by a written request signed by the parent/guardian to give the medicine.
d. placed in a cabinet that may be locked in the clinic (exception for asthma inhalers if self administration form is completed).
e. administered by a district employee.
f. picked up at the health clinic by a parent or legal guardian by the end of the school year. Otherwise it will be destroyed.

1) Start Date	Name of Medication / Amount Provided	Strength (i.e. 10mg)	Dosage (i.e.2tabs/1 tsp)	Time to be Given

Date/Time/Initials- Clinic Use Only:

2) Start Date	Name of Medication / Amount Provided	Strength (i.e. 10mg)	Dosage (i.e.2tabs/1 tsp)	Time to be Given

Date/Time/Initials- Clinic Use Only:

3) Start Date	Name of Medication / Amount Provided	Strength (i.e. 10mg)	Dosage (i.e.2tabs/1 tsp)	Time to be Given

Date/Time/Initials- Clinic Use Only:

Student Name_____ DOB_____ Grade _____ Teacher/Homeroom _____

Parent / Guardian:

I give permission for the above medication(s) to be administered to my child at school. I understand that the District, the Board, and its employees are not liable for damages or injuries resulting from administration of medication to my child in accordance with Texas Education Code 21.905.

Parent/Guardian Signature _____Relationship _____ Date _____

Home Phone _____Work Phone _____Cell Phone _____