



Keene ISD Medication Administration Authorization Form



2020-2021

Student Name: _____ DOB: _____ Date: _____
 Grade: _____ Teacher: _____ Allergies: _____

Medication Name	Medication Dose	Medication Administration Time At School	Medication Route	Beginning and Ending Date

Physician Authorization for Epinephrine and/or Inhaler to be carried on person and self-administered. In my opinion, it is necessary for the above named student to carry and self-administer their epinephrine and/or rescue inhaler. The student has demonstrated the ability to correctly administer medication and understand dosage and frequency. The medications listed above shall be given by school nurse unless checked marked below:

Epinephrine Inhaler
 Epinephrine to be kept in Nurse's office Inhaler to be kept in Nurse's office

I give permission as the parent/guardian of the student named above to receive listed medication(s) at school per school policy. My signature indicates that I am giving permission for KISD to contact the physician for additional information, if needed. **Note***All permissions and forms must be up-dated every year. A new school year means a new form will be necessary.**

Parent Printed Name _____ Date _____

Parent/Guardian Signature _____ Please read backside*

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:

Physician Signature _____ Date: _____

Physician Printed Name _____

Office phone number _____ Fax number _____

Medication Administration

In order for KISD personnel to administer medication to a student, the following are required:

- Completed medication form with **physician's signature** for **prescription** medications. This is the parent/guardian's responsibility to have forms filled out.
- Signature of parent/guardian on medication form.
- **Prescribed medications** must arrive in a container with the original, unaltered prescription label attached. The label must display all legal information required for a pharmacist to dispense a prescription medication such as valid issue and expiration dates, the patient's name, the medication name and dosage instructions, and the doctor's name. The label information must match the physician's order. A maximum of a 30 day supply of ADHD/ADD medication will be stored in the school nurse's office.
- **Over-the-counter medications** must arrive in the original, unopened store-issued container. Please take the time to label the container with your child's full name and birth date. **All over-the-counter medications will require a physician's signature.**
- Changes in medication or medication orders will require an up-dated medication form, signed by physician and parent/guardian.
- **Whenever possible please give medication at home. "Three times a day" could be before school, after school, and at bedtime.**
- Medication refers only to those products which have been approved by the "Food and Drug Administration" (FDA) for use as a drug.
- All medication will be kept in Nurse's office under lock and key
- **End of the Year: All medication must be picked up from the clinic by the last day of school. Any medication left at the school will be disposed of by the nurse the following day.**