

Hermleigh ISD
Health Services

Medication Administration Request

School Year _____

Name of Student _____

DOB _____

Grade _____

Medication Name

Dose

Time

Route

Possible Side Effects:

I, the parent/guardian, request that my child _____ be administered the above named medication or treatment as needed at school. I have read and understand Hermleigh ISD's policies (Student Handbook-page 9). 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 22.052.

I have read and agree to the attached guidelines.

Parent Signature _____

Date _____

Parent Phone Number _____

Physician Name _____

Physician Phone Number _____

Hermleigh Independent School District

Medication Administration Request

Texas law permits a public school to administer medication prescribed by a physician/licensed prescriber to a child on behalf of the parent or legal guardian under certain limited circumstances with an appropriate written authorization. The only medication that may be given at school is that which is necessary to enable the student to remain in school. If possible, all medication should be given outside school hours. If necessary, medication can be given at school under the following conditions:

- 1) **Medication must be in original, properly labeled containers.** The pharmacy can supply two (2) labeled bottles for this purpose. Medications sent in baggies or unlabeled containers will not be given.
- 2) **Medications will not be given without a specific written request** signed by at least one parent or legal guardian. This request should be made on the appropriate form supplied by the school or on a form supplied by your physician.
- 3) **Dosage and interval of medication must be age appropriate and spaced per manufacturer's instructions.** Any change in dose or time of administration requires a parent to come and sign a new request.
- 4) **Medications may be given by a staff member designated by the principal and trained by the school nurse.**
- 5) **All medications must be kept in the nurse's office or in principal's office in a locked cabinet** except for students whose doctor/licensed prescriber has completed a Self-Administration of Prescribed Asthma or Anaphylaxis Medication by Student form or a comparable written authorization that complies with district board policy.
- 6) Empty medication containers will be returned to the student at the end of the month or when the container is empty. Parents should send only the amount of medication needed for one week to one month. **All medication not picked up at the end of the school year will be discarded.**
- 7) **Medications will not be sent home with the student.** An adult designated by the parent/guardian will need to pick up the medication from the school nurse or designated personnel.

Please contact your school nurse if there are any questions.