

DSISD Medication Permission Form

Student name: _____ Date of birth: _____

Medication allergies: _____

Medication #1:		Medication #2:	
Dose:	Route:	Dose:	Route:
To be given: <input type="checkbox"/> Entire School Year <input type="checkbox"/> The following dates: ___/___/___ to ___/___/___		To be given: <input type="checkbox"/> Entire School Year <input type="checkbox"/> The following dates: ___/___/___ to ___/___/___	
Time(s) to be administered:		Time(s) to be administered:	
Reason for medication:		Reason for medication:	

Parent/Guardian Authorization: I request and give permission for district personnel to administer the medication(s) listed above to my child in accordance with Texas Education Agency and District policies. I understand and agree Dripping Springs ISD employees will not be held responsible for any ill effects that might occur in connection with administration of this medication. I also acknowledge that it is my responsibility to maintain medication supply.



Parent/Guardian signature: _____ Date: _____

For medications that are **taken every day at school:**

- Yes, please administer daily medication on field trips/off-campus events during school hours.
- No, please do not send daily medication on field trips/off-campus events during school hours.

Physician Authorization: is required for all prescription medications, over-the-counter medications to be given more than 2 weeks, and for any medication prescribed differently than manufacturer's directions.

I request and authorize that the student receive this medication during the school day as instructed above.



Physician Signature: _____ Date: _____

Physician Name: _____ Phone: _____

DSHS Fax	DSMS Fax	SSMS Fax	CSES Fax	DSES Fax	RSES Fax	SSES Fax	WSES Fax
(512)	(512)	(512)	(737)	(512)	(512)	(512)	(512)
858-3199	858-3499	858-3699	260-8799	858-3799	465-6299	858-3999	858-3899

DRIPPING SPRINGS ISD POLICY FOR MEDICATIONS IN THE SCHOOL SETTING

When it is necessary for a student to receive medication during the school day (please see DSISD Student Handbook for guidelines), the following procedures must be followed:

- All medication(s) must be supplied by the parent/guardian along with written authorization/permission to administer the medication(s) during the school day.
- All medication must be in the original container & clearly labeled with the student's name, dosage & directions for administration. All controlled substances must be hand-delivered to the school nurse by the parent/guardian or their representative age 18+.
- All medication must be kept in the nurse's office and administered by the nurse or other authorized district employee, unless the student is authorized to possess his/her own medication because of asthma, life-threatening allergies, and/or diabetes.
- A US-licensed physician signature is required for: all prescription medications, over-the-counter medications to be given more than 2 weeks, and for any medication prescribed differently than manufacturer's directions.
- Prescription medications will be counted and the quantity will be documented in the student's medication inventory record.
- Medication that is recommended or prescribed three times a day (or less often) will not be administered at school unless there is a physician authorization with instructions to administer it at a specific time.
- It is the student's responsibility to come to the nurse's office for the medication unless he/she is physically unable to do so.
- A DSISD Medication Permission Form must be completed each school year **and** when there are any changes to the original request including, but not limited to, medication and/or dose change.
- Parents are responsible for keeping up with the amount of medicine given to the nurse and knowing when their student is running low at school.
- Only FDA approved pharmaceuticals will be administered. No homeopathic preparations, herbal preparations, home remedies, or dietary supplements will be accepted nor administered by any school personnel. Herbal or dietary supplements provided by the parent will only be administered if required by the student's individualized education program (IEP) or 504 plan.
- Medications cannot be sent home with a student. Unclaimed medications will be disposed of on the last day of school as required by law. The school nurse will send a general reminder to pick up medications before the end of the school year but will not contact individual parents.
- A parent/guardian must provide a signed diabetes, asthma, and/or anaphylaxis action plan every school year. If the physician and parent/guardian agree that a student has the necessary skills to self-carry and/or self-administer, they can give consent by checking the *self-carry* and/or *self-administer* authorization boxes on the action plan or submit to the campus nurse a DSISD Self-Carry form that is found on the district health services website.
- Expired medications will not be administered. Parents are expected to replace medications before they expire.
- In accordance with the Nurse Practice Act, Texas Administrative Code, Section 217.11, a Registered Nurse has the responsibility and authority to refuse to administer medications that, in the nurse's judgment, are contraindicated for administration to the student.