

Elysian Fields Independent School District

Health Services

Authorization/Parental Consent for Administering Medication

(use a separate authorization form for each medication)

Student's Last Name _____ First Name _____ DOB ____ / ____ / ____
Age ____ Grade ____ Homeroom/Teacher _____ Medication Allergies _____

Parental Consent:

I am the parent/guardian of _____. I affirm that it is impossible to schedule the medicine listed below at a time other than school hours. I request that this medication be given by a school employee. I acknowledge that I will not hold Elysian Fields ISD, Board of Trustees, and/or District employees for damages or injuries resulting from administration of this medicine (prescription or nonprescription). ***I also understand that any unused/expired medication(s) not picked up by the parent will be destroyed.***

Parent/Guardian Signature _____ Date _____ Day Time Phone Number _____

MEDICATION AUTHORIZATION FOR PRESCRIPTION AND NON-PRESCRIPTION MEDICATION

____ Prescription medication ____ Nonprescription Name of Medication _____

Medication Allergies _____

Reason it is being given _____

Dosage (amount) _____ Route _____ Form _____ Time(s) of Day _____

Special Handling Instructions: ____ Refrigeration ____ Keep out of sunlight ____ Other: _____

Number of tablets ____ capsules ____ Other _____

Special Instructions _____

Send only the amount student needs to take at school in properly labeled, original container, so that student will not be required to carry medication back and forth from home to school.

Asthma/Anaphylaxis medication ONLY:
This student is both capable and responsible for self-administering this medication:
____ No ____ Yes, with supervision ____ Yes, without supervision
This student may carry this medication: ____ NO ____ YES

Licensed Prescriber's Name _____

Telephone Number _____ Emergency Number _____

****Licensed Prescriber's Signature** _____ Date _____

**** Physician/Prescriber Signature required for any medicine that is to be given for more than 10 consecutive days/doses.**

Students with asthma, anaphylaxis, seizure, or diabetes medication are also required to have emergency action plans. Medicine orders and emergency action plans are required to be renewed each school year or when physician orders change.