



Department of  
Health Services

# North East Independent School District

8961 TESORO DRIVE – SAN ANTONIO, TEXAS 78217

## MEDICATION ADMINISTRATION REQUEST

When your student's physician determines it is necessary to administer medication during the school day, the following procedures must be followed:

- 1) A parent/guardian or responsible adult designee must bring the medication to school.
- 2) All medication must be in the **PRESCRIPTION/ORIGINAL CONTAINER** clearly labeled with the student's name, the name and dose of medication, and directions for administration. Parents must provide all medications.
- 3) The Medication Administration Request must be completed by the physician each school year and when there is a medication and/or dose change. Prescribing physicians must be licensed to practice in the state of Texas.
- 4) Only FDA approved pharmaceuticals manufactured in the United States will be administered.  
**HOMEOPATHIC PREPARATIONS WILL NOT BE ACCEPTED.**
- 5) **MEDICATIONS WILL NOT BE SENT HOME WITH STUDENTS.** All medication must be picked up by a parent/guardian or adult designee.

Medication will be administered under the direction of the school nurse. Please contact the school nurse if you have questions concerning medication.

STUDENT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GRADE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ SCHOOL NURSE: \_\_\_\_\_ FAX: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medication, Dose, and Time to be Administered: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Precautions/Untoward Reactions/Interventions/Emergency Measures: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Activity Restrictions: \_\_\_\_\_

**BY SIGNING THIS FORM I UNDERSTAND I AM GIVING THE SCHOOL NURSE AUTHORIZATION TO CONTACT THE DOCTOR IF THE NURSE HAS ANY QUESTIONS REGARDING THE ADMINISTRATION OF THE MEDICATIONS LISTED ABOVE.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PHYSICIAN

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
PHYSICIAN'S NAME (PRINTED)

\_\_\_\_\_  
PARENT/GUARDIAN PHONE NUMBER

\_\_\_\_\_  
PHYSICIAN'S PHONE NUMBER