



North East Independent School District

10333 Broadway, Administrative Annex – SAN ANTONIO, TEXAS 78217

Department of Health Services

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