



Health Services

Crowley Independent School District

Medication Administration Authorization Form/Secondary- 2022 Year

Date of Request: _____ School: _____ Allergies: _____

Student's Name: _____ Grade: _____ DOB: _____

Medication Administration Policy

During the school day, the school nurse or other trained non-healthcare personnel may administer medication when such treatment is necessary for school attendance and cannot otherwise be accomplished. All medication, given three times per day or less, should be given outside school hours. For example: three times a day medication can be given before school, after school and at bedtime. If necessary for medication to be given at school the following conditions must be met:

Prescribed medications:

- The first dose must be given at home in case of unexpected allergic reaction.
- Medication must be brought in by parent/guardian in the original container, properly labeled by the pharmacy. Parents must supply any special equipment necessary to administer medication.
- Medication must be FDA approved.
- Medication will not be given without a specific written request signed by parent/guardian.
- Medication must be kept in the clinic, with the exception of inhalers/epi-pen that physicians may deem necessary for students to carry on their person. In this case, **the physician must sign the appropriate** box below. All rules regarding medication given at school still apply. If a student is mis-using an inhaler, the privilege will be revoked. A second inhaler should be kept in the clinic.

Over-the-counter medications: Same rules apply as with prescribed medications except that they can be given with parent authorization only, physician signatures are not required. The medication can only be given as directed by the manufacturer and must be FDA approved. CISD will not administer herbal medications.

End of the school year: All medication must be picked up from the clinic by the last day of school. Any medication left at the school will be disposed of by the nurse.

Medication	Dosage	Time of Administration	Route	Start/End
1.				
2.				
3.				

Condition for which medication is given, side effects for child, special instructions, pertinent information:

PHYSICIAN AUTHORIZATION FOR EPI-PEN AND/OR INHALER TO BE CARRIED ON PERSON AND SELF-ADMINSTERED

In my opinion, it is necessary for the above named student to carry and self-administer their Epi-pen and/or rescue inhaler. Student has demonstrated ability to correctly administer medication and understands dosage and frequency. A backup Epi-pen and/or inhaler should be supplied to the clinic for emergencies.

Medication that will be self-carry: EPI-PEN INHALER

Physician Signature: _____ Physician name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

RN signature that student demonstrates proper use:

PARENT AUTHORIZATION

I _____ request that the above medication be administered to _____
(name of parent or guardian) (name of child)
 by school personnel and give permission to speak with the physician if necessary for the care of my child.

I have received a copy of medication rules for CISD.

(Initials)

Signature of Parent/Guardian

Phone Number

Date

School Nurse: _____ Clinic Phone#: _____ Fax#: _____

Nurse Signature after review: _____ Date received in clinic: _____