



Georgetown ISD

Campus: _____
Nurse: _____
Phone: _____
Fax: _____

MEDICATION ADMINISTRATION PERMISSION FORM 2023- 2024

Student Name: _____ DOB: _____

Medication Allergies: _____ ☐ No Known Drug Allergy

I request and authorize GISD to administer the medication(s) listed below according to the label and/ or physician instructions. I also understand that the registered school nurse may delegate any qualified/ trained GISD employee to administer medication(s).

A Medication Administration Form is valid for one school year. *** Please Note: All remaining medication(s) will be disposed of on the last day of school, or within 5 days after discontinued use.

Medication must be provided by the parent/ guardian in the original container, and cannot be expired. Prescription medication must have an up- to- date pharmacy label. A physician's signature is required for all prescriptions and all non- prescription medications that are to be given over 10 times in a single school year.

MEDICATION				
Medication	Condition for Which Medication is Given	Dosage/ Route	Time(s) to be Given/ Frequency	May Give AM Dose (Initial)

***** Changes in medication and/ or dosage requires a new physician's signature/ order.**

☐ **YES** ☐ **NO-** I have instructed this student and give my permission for the self- carry of their emergency asthma and/ or anaphylactic allergy medication. (Check Applicable) ☐ Inhaler (MDI) ☐ Epi- Pen

Physician's Signature: _____ Printed Name: _____

Date: _____ Physician's Telephone: _____ Physician's Fax: _____

☐ **YES** ☐ **NO-** I give permission for the school nurse to contact the above health care provider about the administration of my student's medication.

☐ **YES** ☐ **NO-** I give permission for the school nurse to administer unassigned stock **Asthma** medication to my child who has a known asthma diagnosis in the case of respiratory distress.

Parent/Guardian Signature: _____ Date: _____



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MEDICATION PROCEDURES 2022- 2023

Campus: _____

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1. **No medication is provided by the school.**
2. Unless a health care provider has signed off on your student self-carrying their medication (asthma, epi pen, and/ or diabetic medication), all medication(s) must be kept in the school clinic, and must be administered by the school nurse, health assistant, or school employee.
3. **No medication will be sent home with a student.** Parents/ Guardians must pick up and drop off all medications, whether prescription or over the-counter.
4. Dispensing directions for OTC medications regarding age, dose and frequency will be strictly adhered to. Requests to alter the standard dosage or frequency on over-the-counter medication must be accompanied by a physician's written note and signature.
5. Prescription medication, both long- and short- term, must be in the original container and non-expired. It must be properly labeled in a prescription bottle/box with the student's name, medication name, directions for dispensing the drug, and written by a physician licensed to practice in Texas. All prescription medications will need a physician's signature.
6. Upon arrival at the school, all controlled substances will be counted and inventoried by the school nurse/ health assistant and the parent/ guardian. All medication inventoried will be signed off by both the school nurse/ health assistant and the parent/ guardian.
7. Narcotic pain medications prescribed for temporary medical conditions will not be stored or administered in the clinic.
8. A student may be allowed to self-administer inhaled asthma medication, an Epi-pen, or diabetes treatment **ONLY** if the following conditions have been complied with:
 - Written permission from the physician allowing the student to self-medicate/ treat.
 - The nurse has counseled the parent and the student on the school's inability to monitor the student's health condition during the school day while self-medicating or treating.
 - The student complies with all campus safety policies.
9. No district employee will administer herbal substances, anabolic steroids or dietary supplements except as prescribed by a physician if it is required by the IEP or Section 504 plan of a student with a disability. Reliable information must be given by the physician regarding the safe use of the product including side effects, toxicity, drug interactions and adverse effects.

*****In accordance with the Nurse Practice Act; Texas Administrative Code, Section 217.11, the Registered Nurse and the Licensed Vocational Nurse have the responsibility and authority to refuse to administer medications that, in the nurse's judgment, are contraindicated for administration to the student.*****