



School: \_\_\_\_\_

Teacher: \_\_\_\_\_

Grade: \_\_\_\_\_

Medication Administration Permission Form

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Medication and food allergies: \_\_\_\_\_

Other medications taken at home: \_\_\_\_\_

Today's Date: \_\_\_\_\_ This medication form is valid for the current school year: 20\_\_ - 20\_\_

Students in grades PreK-12 ARE NOT ALLOWED to carry any medication, prescribed or over the counter, or to self-administer the medication unless ordered by a U.S licensed medical practitioner for diabetes, asthma and anaphylaxis. By law the only medications with a medical order/permission that may be carried by a student is an asthma inhaler, EpiPen, and/or insulin/diabetes.

Austin ISD Health Services and Nursing require the following:

- Only those medications that are medically necessary during school hours for a student's attendance or written in an IEP should be sent to school. The first dose of a medication may not be given at school.
A U.S. medical practitioner's written order/parent or guardian consent dated for the CURRENT school year and signed by the parent, legal guardian or other person(s) having legal authority of the student AND the medical practitioners who are licensed to practice medicine in the United States/State of Texas.
Medication must be in the original, properly labeled container from a registered pharmacist (name of the student, name of the medicine with strength, dosage and directions; route to be given, name of prescribing medical provider who is licensed in Texas, and current date).
Non-prescription and over-the-counter medications require the above (AISD Student Handbook, FFAC local).

Table with 7 columns: Medication Name and Strength, Dosage, Time(s) to Give Medication at School, How Medication is Taken, Condition for which Medication is Given, Stop Date, Medication Expiration Date written on Bottle.

Special medication instructions: \_\_\_\_\_

All unclaimed medication not picked up will be disposed of on the last day of school as required by law.

- I request authorized Austin ISD to administer the medication(s) listed on this form to my child during school hours to include field trips according to medication label and/or medical provider instructions. Any changes in medication and/or dosage require a new medical provider order and signature.
I release school staff from liability in the event of ill effects that may occur with administration of a medication.
I agree to abide by federal and state law and Austin ISD guidelines for medications in the school setting.
I understand that the school nurse may designate trained Austin ISD staff to administer medication(s).



Parent/guardian signature Parent/guardian name (print) Date

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 EpiPen Diabetes medication/insulin



Medical provider signature Medical provider name (print or stamp) Date

Reviewed by: RN Printed Name RN Signature Date

Campus Health Room Assistant may / may NOT administer this medication

