



CARROLLTON-FARMERS BRANCH I.S.D.
Permission to Administer Medication

Parents: Complete this form and return to the Clinic with the medication to be given.

I hereby request and grant permission to the Carrollton-Farmers Branch I.S.D. to administer medication to my child. If the school nurse deems it necessary, I also grant the nurse permission to notify my child's teacher(s), either verbally or in writing, of this medication and of possible reactions that might occur. I further state that this medication cannot be scheduled for other than school hours. I understand that oral medication, inhalers, nebulizers and oxygen administration may be given by a medically untrained designate of the principal as per Texas Education Code, Section 22.052.

Student's Name: _____ Grade: _____

Condition for which medication is to be given: _____

Name of Medication	Dosage	Time for Each Dosage <i>(Non-prescription drugs cannot be given "as needed" except by a doctors order)</i>
1.		
2.		
3.		

Valid for this school year only. Non-prescription medication cannot be given as need or after 5 school days without a physician's order.

I wish my child's medication to be sent on Field Trips. yes no
Initial appropriate box

School has my permission to give the AM dose when it is not given at home. yes no
Initial appropriate box

I wish to be notified prior to giving the missed dose. yes no
Initial appropriate box

I wish my child's medication to be sent home with him/her on the last day of school yes no
Initial appropriate box

PLEASE NOTE THE FOLLOWING MEDICATION POLICIES

- All medication must be in its original container and be properly labeled. The pharmacy label must state the student's name, medication, dosage, doctor's name, and date prescription was filled. **The prescription is to be current within the last 12 calendar months.** Non-prescription drugs should have the student's name affixed to the original bottle.
- After five (5) consecutive school days, students on non-prescription drugs will be required to submit a physician's authorization for continuance of medication.
- Any unused medication left over two weeks after the last dosage will be destroyed.
- Changes in prescription medications require either a **new** prescription labeled bottle or written physician request for dosage change. A new parental permission request is to accompany any change in medication.
- It is requested that medication be brought to the clinic by the parent and given to the school designated person. No medication will be transported by any school transportation service personnel.
- Vitamins, minerals, diet supplements, and special diets will not be administered by school staff except from a physician's written order. The RN has the right to refuse to administer these if there is no list of ingredients or no literature on side effects.
- All medication must be kept in the school clinic unless student has a completed permission to carry form on file.

Parent's Signature

Date

Telephone Number/Email Address