School Nurse: Place student photo here

SHARYLAND ISD HEALTH SERVICES

Physician

MEDICATION AUTHORIZATION FORM
(PHYSICIAN'S ORDER)

SY 20_____/20_____

All medications will be administered according to the district Medication Policy FFAC. Many medications prescribed for school-aged children can be given at home by their parent/guardian. Only medications that are required to enable a student to stay in school may be given at school (e.g., noon or lunch hour, every 4-6 hours).

Every attempt must be made by the student's parent/guardian (i.e., parental/guardian responsibility) and Texas-licensed medical provider to have medication administered at home during non-school hours. *For example: **Once** a day= before school with a snack; **twice** a day= before school with a snack and after school; **three** a day= before school with a snack, after school and at bedtime*.

PRINT ALL INFORMATION

_____ _____/_____/_____

Student's Name Date of Birth

_____ _____ _____ _____

Medication1 Dose (Quantity) Time to Give Diagnosis for Medication

_____ _____ _____ _____

Medication2 Dose (Quantity) Time to Give Diagnosis for Medication

X_____ _____

Texas-Licensed Physician's (Medical Provider) Signature **PRINT Physician's (Medical Provider) Name**

(_____) _____ (_____) _____ _____/_____/20_____

Physician's Phone # **Physician's Fax #** **Date**

X_____ _____ _____/_____/20_____

Parent/Guardian Signature/Firma de Padre/Tutor **Phone #/#Teléfono** **Date/Fecha**

- I am requesting the medication(s) above be given to my child according to the physician's written instructions/solicito que se le administren a mi hijo los medicamentos anteriores de acuerdo con las instrucciones escritas del médico.
- I have read and understand the SISD's medication policies as follows/he leído y entiendo las políticas de medicamentos de SISD de la siguiente manera:
  - non-FDA approved or substances/supplements such as herbals, vitamins, minerals, or medications from another country, including Mexico will not be administered/ o No se administrarán sustancias/suplementos no aprobados por la FDA o como hierbas, vitaminas, minerales o medicamentos de otro país, incluido México..
  - I am responsible for the drop off and pick up of all medication. For medication safety, for my child and other students, medication(s) will not be sent home with my child/entiendo que soy responsable de dejar y recoger todos los medicamentos. Para la seguridad de los medicamentos, para mi hijo y otros estudiantes, no se enviarán medicamentos a casa con mi hijo.
  - medication must be in original properly labeled container dated for the current school year/el medicamento debe estar en el envase original debidamente etiquetado y fechado para el año escolar actual.
  - a trained unlicensed staff member as designated by the Principal may administer the medication/un miembro del personal capacitado sin licencia designado por el director puede administrar el medicamento.
  - all medications must be kept in the clinic, except for emergency use medications such as inhalers or epinephrine auto-injectors with physician written permission/ o todos los medicamentos deben mantenerse en la clínica, excepto los medicamentos de uso de emergencia, como inhaladores o autoinyectores de epinefrina con el permiso por escrito del médico.
  - physician's office samples must be accompanied by written physician instructions for dispensing/entiendo que las muestras del consultorio de un médico deben ir acompañadas de instrucciones médicas escritas para la dispensación.

SCHOOL NURSE USE ONLY/SOLAMENTE PARA USO DE ENFERMERA ESCOLAR:

_____ | _____ | _____ | _____

School Student ID# Grade Teacher's Name Room # Ph. Ext

Date Rec'd: _____/_____/20____ | Date D/Cd: _____/_____/20____ | Date P/U: _____/_____/20____

RETURN TO SCHOOL NURSE **Reverse: Medication Administration Calendar** **MAY 2023**

SHARYLAND ISD
HEALTH SERVICES

RETURN TO SCHOOL NURSE **Reverse: Medication Administration Calendar**