



University of Texas Elementary School
2000 East Sixth Street, Austin, TX 78702
512.495.9705, ext. 305 • Fax: 512.495.9631
PARENT/GUARDIAN AUTHORIZATION FOR MEDICATION ADMINISTRATION AT SCHOOL

Student: _____ **DOB:** _____ **Grade:** _____ **Teacher:** _____

ONLY THOSE MEDICATIONS THAT ARE MEDICALLY NECESSARY DURING SCHOOL HOURS FOR A STUDENT'S ATTENDANCE OR DIRECTED BY A HEALTHCARE PROVIDER SHOULD BE SENT TO SCHOOL.

- Parent/guardian must give written permission for medication to be administered at school.
- Medication will be in the original, properly labeled container (name of medicine with strength, dosage and directions; if prescribed, name of health care provider, current date).
- For prescribed medication, the RX label must contain the student's first and last name.
- Non-prescription medication dosage must agree with manufacturer's recommendations or a health care provider's order will be required.
- The first dose of this medication for the current condition/illness may not be given at school.
- Asthma inhalers may be carried and self-administered, if approved by the School Nurse.

Medication name & strength: _____

Dosage: _____ **Time/s** to be given at school: _____

How it is to be given: (mouth, eye, skin, etc.): _____

Medical reason for giving the medication: _____

Medication start date: _____ Medication stop date: _____

When was the first dose of this medication given for this illness? Date: _____ Time: _____

1. I request that the above medication be given during the school hours as ordered by the student's health care provider. I also request that the medication be given on field trips, as prescribed with adequate notification from me.
2. I release school personnel from liability in the event of an adverse reaction resulting from taking the medication.
3. I will notify the school of any change in the medication (dosage, time, etc.).
4. I give permission for the school nurse to communicate with the student's teachers about the student's health condition/s and the action/s of the medication.
5. I give permission for the school nurse to consult with the student's health care provider regarding any questions that arise with regard to the listed medication or medical condition being treated by the medication.
6. I give permission for the medication to be given by trained school personnel as delegated by the Principal.
7. I will deliver and pick up the medication at the beginning and end of the school year. Children are not allowed to carry the medication to or from school.

X _____	X _____	_____
Parent/guardian <i>printed</i> name	home phone	cell phone
X _____	X _____	X _____
Parent/guardian <i>signature</i>	Date	Relationship to student

Reviewed by RN: _____
Printed Name Signature Date