

# Medication Authorization

RX  
 OTC

The policy of the Tulia I.S.D. regarding the matter of dispensing medication in school is that medications shall be administered only when the student's health requires that they be given during school hours.

Medications that are administered at school must be in the original package with child's name or a container/bottle with pharmacy label (if RX). This is a state requirement. Written authorization from the student's parent is required. Medications will be kept in a locked cabinet in the school health office and be administered by or under supervision of the school nurse. School personnel are not responsible for any ill effects which might occur from this medication.

Jaclyn, Street, RN 806-995-4285  
Kiri Neill, RN 806-995-4057  
Tulia I.S.D. School Nurses

*The following form should be completed and returned to the school nurse by the parent.*

-----  
NAME OF STUDENT: \_\_\_\_\_ DOB: \_\_\_\_\_

TEACHER: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME OF MEDICATION: \_\_\_\_\_

DOSAGE: (amount) \_\_\_\_\_

TIME TO BE GIVEN AT SCHOOL: \_\_\_\_\_

REASON OR HEALTH PROBLEM: \_\_\_\_\_

MEDICATION TO BE GIVEN FROM: \_\_\_\_\_ TO: \_\_\_\_\_

HOW IT IS TAKEN: \_\_\_\_\_

(Example: by mouth, by inhaler, with food or after meals)

-----  
I hereby give my permission for my child to receive medication at school as prescribed by my child's physician and/or as directed.

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_