

**Academy ISD Health Services
Parental/Physician Authorization for Administration of Medication**

Campus:

2019-2020

Student	DOB	Grade/HR#
Medication	Dose/Route/Time (s)	
Specific instructions/ Precautions/side effects on your child:		
Pharmacy /#	Expiration Date	Condition for which medication is required:

Parent answers all questions below:

- Yes No Is this the initial dose of a new medication that has not been previously given to your child?
 Yes No If lunch med: My child is to receive medication prior to release on early dismissal days.
 Yes No Will your child need this medication during field trips? If yes, please ask your pharmacy to provide the school with a properly labeled empty container.

My signature below indicates that I request and grant permission to the ACADEMY ISD to administer medication to my child. I am giving permission to AISD staff to contact my physician for additional information if necessary. If the school nurse deems it necessary, I grant permission to notify my child's teacher(s) of possible reactions that might occur while taking this medication.

- I understand that unlicensed school personnel assigned by the principal may give the medication.
- I understand that a new parent and physician authorization is required for any change in the dosage or time of this medication.
- I understand my child cannot carry this medication unless permitted by law, and that a parent/guardian should bring and pick up any medication given at school.
- All medication will be disposed of on the last day of school unless picked up by parents

Parent Signature	Date	Daytime Phone	Cell
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Additional Physician Instructions:

Physician: Print Name	Date	Phone
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For AISD Staff Use Only

Date	#Pills/ml	Counter Signature	Witness Signature	Date	#Pills/ml	Counter Signature	Witness Signature

Notes:

Staff: Document administration of medication below if trained staff unable to document in the student's electronic health record at the time of administration.

Nurse/UAP: Print Name	Signature/Initials	Nurse/UAP: Print Name	Signature/Initials

Place date, time, and initials in the boxes below.

Date																				
Time																				
Initials																				