

Harmony Public Schools Health Services

Medication Authorization Form

Your child may have an illness which requires medication for relief or cure that does not prevent his/her attending school. When possible, such medication should be scheduled to be taken at home. However, according to the Texas laws medication may be dispensed to a student by school personnel. The following requirements must be met by the parent or legal guardian.

1. All prescription drugs dispensed through physician's office must be in their original pharmacy container or packaging and labeled by the pharmacist or physician. The label must include: a. The student's name b. The physician's name c. The name and strength of the drug. d. Amount of drug to be given. e. Frequency of administration. f. Date prescription was filled.
2. All nonprescription drugs must be in their original container. The written request for administration of these over-the counter drugs, made by the physician, must contain the following information: a. Full name of student. b. Name of drug c. Amount of drug to be given. d. Scheduled hours when the drug is to be given. e. Reason drug is to be given f. Date g. Physician and Guardian's signature.
3. All non-prescription drugs to be administered at school must be accompanied by a written request, signed and dated by a physician and legal guardian (See form below).
4. All prescription drugs to be administered from or kept in the school clinic must be accompanied by a written request signed and dated by the prescribing physician.
5. Medications prescribed or requested to be given three (3) times a day or less are not to be given at school unless a specific time during school hours is prescribed by a physician or school health aide determines that a special need exists for an individual student.
6. There will be no more than one medication per properly labeled container.
7. All medications will be stored and dispensed in the school clinic. Exceptions must be approved by appropriate school authorities in advance.
8. Students may not have possession of prescription or non- prescription medications during school hours or at school-sponsored or school related activities, on or off campus. Exceptions must be approved by appropriate school authorities in advance.
9. Natural and/or homeopathic-like products not FDA approved will not be dispensed by school district personnel.
10. Texas Nurse Practice Act, Rule 217.11, the school health aide has the responsibility and authority to clarify any medication order with appropriate licensed practitioner and/or refuse to administer medication that, in the health aide's judgement, is no in the best interest of the student.

Student Name: _____ **Date of Birth:** _____ **Harmony ID #:** _____

Medication Type (check one): Prescription Medication Non-Prescription Medication

Medication Start Date: _____ Medication End Date _____

Name of Medication: _____

Medication Administration Time(s): _____ Medication Dosage: _____

Route of Administration: _____ Quantity Doses provided: _____

Medication Form (check one): Tablet Capsule Liquid Inhalant Injection Other: _____

Diagnosis or Reason for Medication: _____

Medication Side Effects: _____

Additional Comments/Instructions: _____

Signature of Physician licensed in the U.S. required for both prescription and non-prescription medications

Physician signature along with my signature below authorize school personnel to administer the medication(s) mentioned above to my child as directed.

Physician Name: _____ **Signature:** _____ **Date:** _____

Practice Name: _____ **Telephone:** _____ **Fax:** _____

Parent/Guardian Name: _____ **Signature:** _____ **Date:** _____

Parent/Guardian Phone: _____ **Phone Type (please circle one):**
Home/Work/Cell

Note: Medication cannot be sent to the school with the student and medication will not be sent home with student.