

Grapevine-Colleyville ISD

School Health Services

MEDICATION PERMISSION FORM

All medications should be given outside of school hours if possible. Only medications which are required to enable a student to stay in school may be given at school. Three (3) times a day medications can be safely administered before school, after school and at bedtime. If necessary, medications can be given at school under the following conditions:

1. Medications must be in the original, properly labeled containers. The pharmacy can supply two (2) labeled bottles for this purpose. Medication sent in baggies or unlabeled containers will not be given. If your elementary student takes daily medications, please send an extra bottle to be used for field trips.
2. Written permission of the parent or legal guardian is required for the administration of all medications.
3. Ritalin and other controlled medications will require a physician's signature as well as the parent/legal guardian's signature. Medical samples need a written prescription. The date on the bottle must be current within the past twelve (12) months.
4. All medications must be kept in the clinic, except for students whose doctor requires them to carry an inhaler or Epi-pen on their person. *Another inhaler or Epi-pen must be kept in the clinic.* If a student allows another person to use the inhaler or Epi-pen, the privilege will be revoked.
5. Non-prescription medications will only be given for a maximum of ten (10) consecutive days. Continued administration of a non-prescription medication after the ten (10) days will require a doctor's signature. Switching to another variation of a non-prescription medication is not acceptable. Any medication left at the end of the administration period will be discarded if not picked up.
6. Medication may be given by school personnel trained by the campus nurse. No district employee shall be required to give medication dosages in excess of FDA recommendations.
7. In accordance with the Texas Nursing Practice Act, nurses will not administer supplements, herbals or homeopathics which are not FDA regulated.

REQUEST FOR ADMINISTRATION OF MEDICATION AT SCHOOL

Student: _____ Date: _____

Teacher: _____ Grade: _____

Physician: _____ Physician's Phone: _____

Physician's Signature: _____

MEDICATION	DOSE	TIME(S)	COMMENTS
1. _____			
2. _____			

I give permission for the above prescribed medication to be given to my child at school.

____ Please allow my child to bring home any remaining medication.

____ I will come by the school personally to pick up any remaining medication.

Signature of Parent/Guardian

Date