

**WILDORADO INDEPENDENT SCHOOL DISTRICT
PRESCRIPTION MEDICATION POLICY AND CONSENT FORM**

All prescription medications must be kept in the health room and registered with the nurse. Medication will be administered by the school nurse, or other staff members who are designated by the school Superintendent. The training and competency of the unlicensed person administering the medication will be verified by the Registered Nurse.

Guidelines for taking prescription medications are listed below:

1. Prescription drugs must be in the original pharmacy container and properly labeled from a registered pharmacist licensed to practice in the state of Texas with the student's name, current date, dose to be given, time to be given, and medication route to be administered. A written request signed and dated by the parent **and** the physician or other person with prescribing authority in Texas (MD, DO, APRN, PA, podiatrist, dentist). The parent request must be updated and on file at the beginning of each school year or when the student is prescribed the medication. Any medication that has expired will not be given at school.

3. Students will **not** be allowed to carry medications on them except for emergency medications allowed by Texas state law: an inhaler, EpiPen, or insulin. A written statement from a physician and parent/guardian allowing the student to carry and self-administer the medicine while on school property or at a school-related event is required. The physician's order and written parent permission must be on file in the student's medical records. *Additionally, the student has demonstrated to the school nurse the skill level necessary to self-administer the prescription medication, including the use of any device required to administer the medication.*

4. Sample medication given to you by a physician must be accompanied by a written prescription from the licensed physician, a written parent request, and on file in the student's medical records.

Parent's Signature

Physician's Signature

Date

- 5. Medications that have not been picked up from the school clinic before the end of the school year will be properly disposed of.

PARENT PERMISSION FOR MEDICATION TO BE TAKEN AT SCHOOL

_____ Student's Name _____ Birthday

I _____, give permission on _____ (date) for my child to receive the stated medication(s) as directed by the attending physician. I also give permission for the school nurse to contact the physician if there is a question regarding the stated medication(s).

Parent Signature: _____ Date: _____

TO BE COMPLETED BY A LICENSED PHYSICIAN

Medication: _____
 Name Dose Frequency for the Treatment of

Medication: _____
 Name Dose Frequency for the Treatment of

Print Physician's Name:

Physician's Signature: _____ Date: _____

If the above medication is an inhaler, EpiPen or insulin, and the student has shown the skill level to selfadminister, I hereby give permission for him/her to self-administer:
