

# Hooks ISD

## Request for Administration of Medication at School

This form must be filled out completely in order for school staff to administer medication to a student. A new medication authorization form must be completed at the beginning of each year, for each medication and each time there is a change in medication's administration instructions. The following is required by the provider of the medication according to Texas Education Code's Chapter 22, Section 22.052:

- Prescription and non-prescription medication must be delivered to school in original container.
- The container must be properly labeled by a pharmacist or the prescribing physician.

Student's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Parent Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Condition for which medication is prescribed: \_\_\_\_\_

Medication Name \_\_\_\_\_ Dose \_\_\_\_\_ Route \_\_\_\_\_

Time(s) of day to administer \_\_\_\_\_

Possible side effects \_\_\_\_\_

Special requirements for administration/storage \_\_\_\_\_

Known Food or Drug Allergies Yes No : If Yes, please explain \_\_\_\_\_

Please indicate if student is able to self-administer medication Yes No

Prescriber's Name \_\_\_\_\_ Ph.# \_\_\_\_\_

I consent to medication administration for my child named above and agree to review and provide any special instructions or changes in medication administration.

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

Date \_\_\_\_\_