



Gladewater ISD

Health Services

We would like to ensure the safest medication administration while your child is at school. Please note the information below:

- All medication prescription or non-prescription must be in the original container.
- Prescription medication must have a pharmacy label for the student receiving the medication.
- If the medication is to be given during the school day a “Request for Administration of Medication” form must be completed and signed by a parent or guardian giving authorized school personnel directions for its administration.
- School personnel will not give any medicine, including Tylenol/Ibuprofen, unless it is provided by you, in the appropriate manner as stated above.
- All medications will be locked in the nurse’s office. A record will be kept of each administration.
- The transportation of medications should not be on the school bus. All medications should be brought in to the nurse or office staff by a parent or parent representative.

In accordance with the Board of Nurse Examiners, the school nurse has the responsibility and authority to refuse to administer medications that, in his or her judgment, are not in the best interest of the student.

GLADEWATER INDEPENDENT SCHOOL DISTRICT

Request for Administration of Medication

Campus: _____

Date Form Received by School: _____

We would like to ensure the safest medication administration while your child is away from home. Please complete the information below:

- ❖ All medication prescription or non-prescription must be in the original container.
- ❖ Prescription medicine must have a pharmacy label for the student in question.
- ❖ If medicine is to be given during the school day it must be accompanied by this signed authorization form by a parent/guardian giving authorized school personnel directions for its administration.
- ❖ School personnel will not give any medicine, including Tylenol/Ibuprofen, unless it is provided by parent/guardian in the appropriate manner as stated above.

In accordance with the Board of Nurse Examiners, the school nurse has the responsibility and authority to refuse to administer medications that, in his or her judgment, are not in the best interest of the student.

Student: _____ Age _____ Grade _____ Teacher _____

Medication: _____

Reason for medication: _____

Dosage to be Given: _____ (Can not exceed label without RX) **Time to be Given:** _____

Start: date form received Other date: _____ Stop: end of school year Other date/duration: _____

Form of medication / treatment:

Tablet / capsule Liquid Inhaler Nebulizer Injection Other: _____

For Episodic / Emergency events only: Epipen Glucagon Diastat/Valtoco
(Staff to call District RN)

Restrictions and/or important side effects: None anticipated

Yes, please describe: _____

Special Storage Requirements: None Refrigerate Other _____

Completed Physician Order Must Accompany for use of: Inhaler / EpiPens / Insulin / Diastat/Valtoco

The student is both capable and responsible for self administering this medication:

NO Yes – Supervised Yes – Unsupervised

The student may carry this medication: No Yes (physician note required)

Date received: Asthma Action Plan _____ Allergy Action Plan _____ Diabetic Action Plan _____ Seizure Action Plan _____

Please indicate if you have provided additional information: As an attachment

Physician's Name: _____

Phone Number: _____ Fax Number: _____

To the school: Please report concerns about medications/diagnosis to the above physician

To be completed by parent / guardian:

I give permission for (name of child) _____ to receive the above medication at school according to standard school policy. I understand that medication should not be transported on school buses.

Date: _____ Signature: _____ Relationship: _____

Emergency Contact Number: _____