

Medical forms are required for ANY medication that is to be given at school.

The fax number for the school is: (361) 456-7388 Attn: Brooke Mills RN

Email: bmills@pawneeisd.net

Medication Type	Forms required- found on the Pawnee ISD website	State Requirements
Inhalers for Asthma	Prescription Medication Permit/Parent Permission form , Asthma Action Plan form signed by doctor	Prescription label with student name must be on the inhaler or box
ADD or ADHD Medication	Prescription Medication Permit/Parent Permission form signed by Doctor	Prescription label with the student's name must be on the bottle.
Epi-Pen	Prescription Medication Permit/Parent Permission form signed by Doctor, Food Allergy and Anaphylaxis Emergency care plan signed by parent and doctor.	Prescription label with the student's name must be on the epi pen(s).
Seizure Medication	Prescription Medication Permit/Parent Permission form signed by Doctor. Seizure Action Plan signed by the parent and Doctor.	Prescription label with the student's name must be on the emergency medication.
Diabetic Medication	Diabetes Medical Management Plan. Diabetic Action Plan signed by the parent and Doctor.	All medications and extra supplies must be labelled with the students name.
Short term medications Prescription Medications	Prescription Medication Permit/Parent Permission for signed by the parent	Prescription label with the students name must be on the medication.
Over the Counter Medications	Non-Prescription Medication form signed by the parent.	All medication must be in the original bottle.