



Woodville ISD Health Services

Consent for Medication Administration

To all Parents/Guardians,

Each school year, in order for medications to be administered to your child by the campus nurse, WISD must have a current signed consent form on file. With this consent form you are giving your student's campus nurse permission to administer both scheduled medications (with a doctor's order) and over-the-counter medications that may be needed during regular school hours by your child.

In order to comply with the Texas Education Agency's recommendations and Local School Board Policy, the procedures below will be followed for administration of medication to your child:

- Only authorized school personnel may administer both prescription and OTC medication in compliance with local district policy.
- Prescription medication must be **properly labeled** and in the original container and must have the student's name, medication name, current expiration date, physician's name, and the time/dose/route of medication administration.
- OTC medications **provided by the parent** must be properly labeled and in the original container.
- OTC medications **provided by the district** may be administered by authorized school personnel only in accordance with local district policy.
- All student medication brought from home (whether OTC or prescription) must be accompanied by a completed **medication consent form**. This form may be received from the campus nurse.

If you choose to provide your child with OTC medications from your home, please bring the medication directly to your child's campus nurse. Students may not keep or take medications in their back pack, classrooms, bus route, etc. as this increases the risk of students incorrectly administering medication to themselves or others around them.

Prescription Medications

Here at Woodville ISD we understand that your child may have a health condition/diagnoses that requires them to receive prescription medication during regular school hours. In order to administer these medications please complete and sign a **Medication Consent Form** (contact campus nurse) and return to the campus nurse.

Nonprescription (OTC) Medications

Below is a list of common over-the-counter medications. Please **initial** by all medications you will allow your student to receive from the school nurse if needed. For any medications you do not want your child to receive, please leave blank.

_____ Tylenol

_____ Ibuprofen

_____ Tums

_____ Benadryl

_____ Eye Drops/Contact Solution

_____ Vaseline

_____ Hydrogen Peroxide and/or Rubbing Alcohol

_____ Topical Ointments (Hydrocortisone, Neosporin, etc.)

_____ Pepto-Bismol/Imodium (other nausea/diarrhea medications)

_____ Cough Drops

This form must be **signed and returned** before any over-the-counter medications are to be given.

If necessary, I hereby consent to the administration of the above marked non-prescription (OTC) medication for my child.

Name of Student: _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____

Nurse Signature: _____ Date: _____