



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.

Woodville Independent School District

Health Services

Medication Consent Form

Student Name: _____ Grade: _____

 Last First MI

Parent's Name: _____ Phone Number: _____

Medication Guidelines

1. All medication must be brought to and picked up from the nurse's office by the parent/guardian. Medication will be stored in a locked cabinet in nurse's office while at school.	2. Prescription labels must contain the student's name, medication name, time/dose/route of medication to be given, and current expiration date.
3. Prescription and OTC medication must be in original container.	4. Medication Consent Forms are only valid for the current school year.
5. Changes in the administration of OTC medication must be in writing from the parent/guardian and/or physician.	6. Medication must be picked up by the last day of school. If left in the nurse's office it will be discarded.
7. Changes in the administration of prescription medication must be in writing from the physician.	8. All supplies for nebulizer treatments and diabetic testing/insulin administration must be provided by parent/guardian.
9. Parent's signature is required for the administration of ANY medication.	10. Only medication that cannot be given at home (time restrictions) will be given at school.

Please list all medications you are requesting to be administered at school.

Date	Medication	Dosage	Time/Frequency Given	Reason Given	Quantity Provided	Initials	School Disposal

I request the above named student be given the medication at school by qualified staff according to the prescription or non-prescription instructions and a record maintained. The student has experienced no previous side effects from the medication. I further agree that school personnel may contact the physician as needed and that medication information may be shared with school personnel who need to know. I understand the law provides that there shall be no liability for civil damages as a result of the administration of medication where the person administering the medication acts as an ordinarily reasonably prudent person would under the same or similar circumstances I agree to provide safe delivery of medication and equipment to and from school and will pick up remaining medication and equipment on or before the last day of school or it will be properly discarded.

Parent's Signature: _____ Date: _____

Nurse Signature: _____ Date: _____

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: _____