



Parent/Provider Request for Administration of Medication

Argyle Independent School District

Student's Name: _____ Grade: _____

Date Requested: _____ Termination Date: _____

Safety Alert: First dosages of any medicine will NOT be administered at school for safety reasons.

Name of Medication <i>(ex. Tylenol)</i>	Reason for Medication <i>(ex. Headaches)</i>	Dosage <i>(ex. 1 Tablet/500mg)</i>	Time of Dose <i>(ex. As needed)</i>

- A medication form is to be completed for all medications. It is required that the medication be brought to the clinic by the parent and given to the school nurse.
- Only those medications that cannot be given outside school hours will be administered. Most three-times-a-day medicines can be given before and after school.
- Elementary students will be given non-prescription, over the counter (OTC) medicine by school personnel only with a doctor's prescription.
- No dietary supplements, herbal remedies, vitamins, performance enhancing compounds, etc. are allowed on the school campuses or at school activities. Any exceptions to this will be as required by the IEP or section 504 plan of a student with disabilities and only after discussion with the student's doctor, parents and school nurse. Any medicine other than the original container is considered contraband, subjecting the student to disciplinary measures.
- All medicine must be in the original properly labeled container, accompanied by the Medication form. Please ask your pharmacist to dispense two labeled bottles of medication: one for home and one for school. Changes in dosages require new labels and new medication forms. The prescription is to be current within the last 12 months.
- Unused medications not picked up at the end of the school year or within five days of being discontinued will be disposed of properly.

My signature below indicates that I request and authorize Argyle ISD staff to administer the medication(s) to the above named student. I understand that the school administrator may designate any qualified employee to administer this medication. I authorize the school registered nurse and the prescribing physician to confidentially discuss or clarify this medication order, and to discuss the student's response to the medication as required by law (Nurse Practice and Medical Practice Acts of Texas). If the consent for the nurse and the doctor to consult regarding this medication order is not granted or is revoked, it may not be possible for school personnel to administer the prescribed medications.

** I understand a reasonable attempt will be made to remind the student, but the student will be responsible to visit the nurse's clinic for his/her medication in most situations.*

Parent/Guardian Signature: _____ Date: _____

Physician's Signature: _____ Date: _____

For Office Use ONLY

New Prescription Medication Count:

Date	# Pills	Counter's Signature	Witness Initials	Date	# Pills	Counter's Signature	Witness Initials

MEDICATION RETURNED TO:

Parent / Student _____ Date: _____
Parent/Student Signature

Total Pill Count: _____ Total mL: _____