Mansfield Independent School District

Administration of Medicine by School Personnel

Medication Administration

School personnel may administer medication when such treatment is necessary for school attendance and cannot otherwise be accomplished. This completed form along with the medication and/or special equipment items are brought to the school by the parent.

Prescribed medication may be administered by a school nurse or by a non-health professional designate of the principal, or school nurse. All medications should be given outside school hours if possible. Three times a day medications can be given before school, after school, and at bedtime.

- The medication must be brought to school in original, properly labeled containers. The pharmacy can supply two (2) labeled bottles for this purpose. Medication sent in Baggies will not be administered.
- **Medications will not be given without a specific written request signed by at least one parent or legal guardian and physician. This request should be made on the appropriate form supplied by the school.**
- All medications must be kept in the clinic, except for students whose doctor requires them to carry an inhaler on their person (elementary students are not allowed to carry any medications). Another inhaler must be kept in the clinic. If a student allows another person to use the inhaler, the privilege will be revoked.
- ADHD medication should be brought to the nurse's office by the parent or legal guardian and counted. If not a note with the # of pills being sent should be in the bottle.
- Over-the-counter medications require a parent signature and that the medication has been given before with no known allergies. The medication can only be given as directed by the manufacture and must be **FDA approved.**

Physician Request For Administration of Medication
during School Hours

Name of Student_____ DOB_____ Date _____

Name of School _____ Grade _____ Start Date _____ End Date_____

Physician Name _____ Signature _____

Physician Address_____ Phone # (____)_____-_____

Medication Name _____ Medication Dose _____

Medication Administration Time At School _____ Medication Frequency _____

Diagnosis _____
Comments:

(Parents)

We (I), the undersigned, the parents/guardians of _____ request
Students name
The above medication or procedure is administered to our (my) child.

_____/_____ Telephone (____)___-_____ (____) ____-_____
Name relationship home Business

Medication forms are current for the school year _____-_____ information is to be up-dated every new school year at or before the start of the school year.
Date received in clinic _____ Nurses Signature _____