

**MANSFIELD INDEPENDENT SCHOOL DISTRICT  
STUDENT HEALTH SERVICES  
ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL**

Name of School: \_\_\_\_\_

School Year: \_\_\_\_\_

**Medication Administration Policy**

The school nurse or other trained non-healthcare personnel may administer medication when such treatment is necessary for school attendance and cannot otherwise be accomplished. All medications, given three times per day or less, should be given outside school hours. For example: three times a day medications can be given before school, after school and at bedtime. If necessary for medication to be given at school the following conditions must be met:

**Prescribed medication:**

- The first dose must be given at home in case of unexpected allergic reaction.
- Medication must be brought in by parent in original container, properly labeled by the pharmacy. Parents must supply any special equipment necessary to administer medication.
- Medication will not be given without specific written request signed by parent/guardian and physician. If prescribed medication is given for 10 school days or less, physician signature is not necessary provided all other conditions are met.
- Medication must be kept in the clinic, with the exception of inhalers and epinephrine that a physician may deem necessary for student to carry on their person. In this case, physician must sign appropriate box below. All rules regarding medication given at school still apply. If student is misusing medication, the privilege will be revoked. A second inhaler/epinephrine injector should be kept in the clinic.

**Over-the-counter medications:** Same rules apply as with prescribed medications except that they can be given with parent authorization only, physician signatures are not required. The medication can only be given as directed by the manufacturer and must be FDA approved.

**End of the school year:** All medication must be picked up from clinic by the last day of school. Any medication left at the school will be disposed of by the nurse the following day.

**STUDENT INFORMATION**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ Teacher/Advisor \_\_\_\_\_

**MEDICATION/PHYSICIAN INFORMATION**

Medication Name \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Medication Dose \_\_\_\_\_ Route \_\_\_\_\_ Time or Frequency given at school \_\_\_\_\_

Special instructions for dosing of medication \_\_\_\_\_

Diagnosis/Reason for Medication \_\_\_\_\_

Physician Name (Please print) \_\_\_\_\_ Physician Phone Number \_\_\_\_\_

**PHYSICIAN SIGNATURE** \_\_\_\_\_ Date \_\_\_\_\_

**PHYSICIAN AUTHORIZATION FOR EPINEPHRINE AND/OR INHALER TO BE CARRIED ON PERSON AND SELF-ADMINSTERED**

In my opinion, it is necessary for the above named student to carry and self-administer their epinephrine and/or rescue inhaler. Student has demonstrated ability to correctly administer medication and understands dosage and frequency. A backup epinephrine pen and/or inhaler must be supplied to clinic for emergencies.

Epinephrine       Inhaler

Physician Signature \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

**PARENT AUTHORIZATION**

I request that the above medication be administered by school personnel to my above named child.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ Date \_\_\_\_\_

School Nurse: \_\_\_\_\_ Clinic Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Nurse Signature: \_\_\_\_\_ Date received in clinic: \_\_\_\_\_