

Hawley ISD Medication Authorization

Only medications that are required to enable a student to stay in school may be given at school. **Once a day, twice a day and three times a day medication should be given at home unless otherwise indicated by prescribing physician.** If necessary, medication can be given at school under the following conditions:

1. **MEDICATION MUST BE IN ORIGINAL PROPERLY LABELED CONTAINERS** dated for the current school year and brought to school by an adult. Medications must be age appropriate.
2. **Medications sent in baggies or unlabeled containers will not be given and will be disposed of.** All prescription medication must be provided in a container with the pharmacy label attached. Non-prescription OTC medication must be in the original container with the manufacturer's original label. Physician samples must be appropriately labeled by the physician with the patient's name and dosage instructions.
3. **The first dose of ANY medication must have been given at home before it can be administered at school.**
4. An emergency plan for anaphylaxis, asthma and diabetes plus parental permission is required (separate forms) for self-carry/self-administered emergency medications such as inhalers, EpiPens and Insulin.
5. **FDA APPROVED OVER-THE-COUNTER MEDICATIONS MAY NOT BE GIVEN LONGER THAN 3 CONSECUTIVE DAYS WITHOUT A DOCTOR'S WRITTEN ORDER/PRESCRIPTION.**
6. Non FDA approved medications or medications purchased in a foreign country **will not** be given.
7. **No medications are supplied by Hawley ISD. (Including cough drops)**

MEDICATION ADMINISTRATION AT SCHOOL

STUDENT _____ DATE _____ GRADE _____ SCHOOL YEAR _____
 ALLERGIES _____

Medication	Dose	Time To Be Given	Start/End Date	Comments

PARENT/GUARDIAN CONSENT

- I give my permission for the above medication(s) to be given to my child at school or on school sponsored trips according to the above requirements.
- I understand that the medications may be given by an authorized HISD employee in the absence of the RN.
- For over-the-counter medications, I give my permission for my child to transport the above medication(s) home and accept responsibility for my child and the medication.
- I understand that **ANY PRESCRIPTION MEDICATION** will not be sent home with my child. (Excluding EpiPens, inhalers or Diabetes medications for secondary students)
- I authorize the HISD School Nurse to disclose the above information to those within the school district that have a need to know for educational and safety purposes.
- I understand that all controlled medications must be brought to the School Nurse by a parent or designated adult in order for the medication to be counted and signed for.
- I understand that **ANY** medication not picked up by the last day of classes for the school year will be disposed of.
- I authorize the School Nurse to communicate with our
- health care provider: _____ as allowed by HIPAA.

I authorize the above medications to be given to my child as directed by the school nurse or principal designated staff

Parent/Guardian: _____ Date _____
 Home#: _____ Cell#: _____ Work#: _____

Medication picked up by: _____ Date: _____
 Medication disposed of: _____ Date: _____

