

**Pilot Point Independent School District**  
**Parent/Physician Request for Administration of Medication by School Personnel**

Request for the administration of medications by school personnel may be made as follows: (in accordance with Texas Education Code 22:052)

1. A separate request form is to be completed for each medication.
  2. Only those medications that cannot be given outside of school hours will be administered. Most three times a day medicines can be given before and after school. (*Prescriptions can be written so that doses are not necessary during school hours. Please discuss this with your doctor.*)
  3. All medication must be in the **original, properly labeled container, accompanied by this completed 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 parent request forms. *A properly labeled prescription container will be accepted as proof of physician's order.* Only medications prescribed by licensed U.S. Physicians will be administered.
  4. **Over-the-counter (OTC) medicine will only be given to students if it is provided by the parent.** No dietary supplements, herbal remedies, vitamins, performance boosters, or non-FDA approved medications will be given by school personnel.
  5. All medications will be stored in a locked cabinet and administered in the health room/office. *Please encourage your child to take the responsibility to go to the office at the prescribed time.*
  6. Students are allowed to carry inhalers and self-medicate if the school nurse determines they are safely and appropriately using the inhaler. The inhaler must have the prescription label affixed to the inhaler. A parent request form must be completed and turned in to the office.
  7. For safety reasons, **no first doses** of any medicine will be administered at school.
  8. Unused/unclaimed medication will be discarded at the end of the school year. We highly encourage parents to pick up any unused medication rather than sending it home with children. We will send medicine home with a student only with a **written parent request**.
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**Consent**

Student Name: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Is your child taking any other medication at home? If yes, please list name \_\_\_\_\_

Reason this medicine is required (for what condition?): \_\_\_\_\_

Special instructions, precautions, or side effects: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

**I request school personnel to administer the above medication to my child according to the labeled instructions:** \_\_\_\_\_

Parent/Guardian signature

Date