

**Fort Sam Houston Independent School District
MEDICATION/TREATMENT ADMINISTRATION REQUEST**

In order to administer medication during the school day, the following procedures must be followed:

- A parent/guardian must bring the medication to school.
- Medications must be kept in the school nurse's office.
- All medication must be in the student's valid prescription bottle with the student's name, the name and dose of the medication and directions for administration or the original, unopened over-the-counter container.
- A medication/treatment administration request must be completed by the physician each school year and whenever there is a medication and/or dose change.
- Medications will not be sent home with students. All medications must be picked up by a parent/guardian at the end of the school year or they will be destroyed.
- Valid prescription labels will be accepted as a physician's order for no longer than five days.
- Please provide appropriate care plans as indicated i.e., Asthma Action Plan, Seizure Action Plan, Diabetes Action Plan.
- Physician's signature is required to administer over-the-counter medications for more than three consecutive days.

Medication will be administered under the direction of the school nurse or the Principal's designee.

STUDENT _____ **DOB** _____ **GRADE** _____

Diagnosis/Condition _____

Medication, Dose and Time to be administered: _____

Special Instructions _____

Precautions/Emergency Measures _____

Medication may be omitted if student is on a field trip Yes _____ No _____

8-19-2019 Per School Protocol
Date Signature of Physician Printed name and phone number of Physician

Signature of Parent/Guardian Parent/Guardian Phone Number
My signature indicates that I request that FSHISD staff administer the medication specified above to my child

AUTHORIZATION TO SELF-CARRY EPIPENS, DIABETES SUPPLIES AND INHALERS

IN MY OPINION, THIS STUDENT SHOWS THE CAPABILITY TO CARRY AND SELF-ADMINISTER THE ABOVE MEDICATION AND HAS BEEN TRAINED IN THE APPROPRIATE PROCEDURE.

Physician Signature _____ Date _____

The privilege to carry/self administer medications will be withdrawn if the student shows signs of irresponsible behavior or there is a safety risk.