

# Tioga ISD Medication Form

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Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Name of Medication \_\_\_\_\_

Time to be given \_\_\_\_\_

Beginning Date \_\_\_\_\_ Ending Date: \_\_\_\_\_

Doctor Prescribing medication \_\_\_\_\_

Doctor's Phone # \_\_\_\_\_

Adverse reactions: \_\_\_\_\_

Special Administration and storage instructions \_\_\_\_\_

I hereby request and give permission to Tioga ISD or authorized school personnel to administer the following medication to my above named child. If any revisions in the above directions occur, a revised statement must be submitted to school health office. In addition, it is the student's responsibility to come to the Health office for the medication unless he/she is physical unable to do so.

I hereby release Tioga ISD and its employees and any medical advisors from any or all liability in connection with the administration of the following medication.

\_\_\_\_\_  
Signature of parent/legal guardian

\_\_\_\_\_  
Date

## TIOGA ISD MEDICATION POLICY

To comply with State Law, the following restrictions apply to the taking of medicine by students during school hours:

1. All medicine is to be brought to the office and will be secured in a locked cabinet in the health office.
2. Prescriptions and non-prescriptions medicine will not be accepted unless it is in its original container.
3. Prescribed medicine must be in a container with a legible pharmacy label for that student.
4. Current dates must be visible on prescribed or non prescribed medicine bottle. No expired medicine will be given. Please check the dates on all bottles.
5. Over the counter medicines will only be given as directed on the label.
6. If a prescription or a non-prescription medicine must be given during school hours The Tioga ISD Medication form must accompany the medicine. If necessary, a written note signed by a parent or guardian giving authorized school personnel directions for its administration (time and dosage) until the proper form is obtained and completed.
7. School personnel will not give any medicine, including Tylenol unless it is provided by you, in the appropriate manner as stated above.
8. No "Herbal", Homeopathic and or other types of "alternative medicine" will given by any TISD staff.
9. Parents or Guardian's are welcome to administer medication to their own child from the school office as desired.
10. No medication is to be in the possession of or in the belongings of any student at anytime while on school grounds with the exceptions of the following condition:
  - A: The medication is Asthma or anaphylaxis medication for self-administration and the proper forms are signed and on file in the Health office.
  - B: The medication or equipment is for self-administration of Diabetes or Health office staff administration and the proper forms are signed and on file in the Health office.

These Restrictions are necessary for the protection, health and safety of your child. We appreciate your Cooperation regarding all medication policies.