

HALLSVILLE INDEPENDENT SCHOOL DISTRICT

Consent Form for Administration of Medication by School Personnel

The School Board policy regarding administering medication is as follows:

- All written requests from parents, legal guardians, or other persons having legal control of the student asking school officials to administer medication must be kept on file for a minimum of three years.
- The written request must identify the medication and clearly state the instructions for giving the medication.
- Prescription medication must clearly state in the instruction for giving the medication. The medication must be labeled and contain the prescription number, place of purchase, and authorizing licensed physician or dentist. (The original prescription container given at the pharmacy.)
- Non-prescription medicine must be in its original sealed container with a maximum of 30 doses and delivered to the campus nurse by the student's parent/guardian.
- Herbal medications will not be dispensed by school personnel.

Any medication given by school officials must be provided by the parents of legal guardians and delivered to the campus nurse.

Name of Student; _____ Date of birth: _____

Address: _____

Name of Medication: _____

Medical Diagnosis for which the drug is be administered: _____

Dosage and Method of Administration (special instructions, possible reactions etc.)

Prescribing Physician: _____

I am the parent/guardian of _____. I give my permission for him/her to take the above prescribed medication while attending Hallsville Schools. I hereby acknowledge that I have read and understood the School Board policy relating to the taking of medications. I hereby release HISD and its employees from any claims or liabilities connected with its reliance on this permission and agree to indemnify, defend and hold them harmless from any claim or liability connected with such reliance. I authorize a representative of the school to share information regarding this medication with the above licensed prescriber.

Parent/Guardian Signature

Daytime Phone

Date