## **Cameron ISD**



## Medication Permission Form Tammy Wimmer, BSN, RN~District Nurse

According to TX state law and CISD policy, all medications that are to be administered at school must comply with the following guidelines:

- 1. All medications given must be in the original container. This includes both prescription and over-the-counter (OTC) meds with dosage information clearly marked on the container.
- 2. All medication must be accompanied by a dated permission form signed by the parent/guardian. Prescription meds must have a physician's order and will be given as indicated on label.
- 3. The OTC meds must be age appropriate and may not be given more than three consecutive days without a physician's order to do so.
- 4. Medications purchased in a foreign country (for example, Mexico) can not be given.
- 5. No homeopathic medications, non-FDA approved medications or vitamins/supplements will be given without a physician's order.
- 6. No controlled medications will be sent home with students. Parents must drop off and pick up meds to/from the clinic. CISD will not accept responsibility for these types of meds until they are delivered to the clinic.
- 7. No medication will be supplied by the school.

| Student Name:   | Teacher/Grade:  |   |                         |   |                                |
|---|---|---|-------------------------|---|--------------------------------|
| Medication  | Dosage  | Time to be given                          | Pill Coun<br>(if contro | -   | arent Initial/<br>urse Initial |
|   |   |   |                         |   |                                |
|   |   |   |                         |   |                                |
|   |   |   |                         |   |                                |
| contact the prescribing physicion  Child to carry empty  Child to carry non-contact  **Medications not picked | bottle for refill   | (Initial)<br>ne at the end o              | of the school           | year  |                                |
| Parent/Guardian Signature   | Date  |   |                         | Daytime Phone   |                                |
| Physician Signature   | Physician Name-Printed  |   |                         | Date  |                                |
| Ben Milam Elementary Phone 254-697-3641 Fax 254-605-0354 Rachelle Cazares, CMA                                | Cameron Elementa<br>Phone 254-697-238<br>Fax 254-605-0356<br>Sally Compean, CMA | 81 Phone 254-697-2131<br>Fax 254-605-0379 |                         | Yoe High School Phone 254-697-3092 Fax 254-605-0413 Stephanie Vargas, CMA |                                |