

School Year: \_\_\_\_\_

**FORT WORTH INDEPENDENT SCHOOL DISTRICT**  
**Medication Administration Request Form**

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Physician/Licensed Prescriber to complete:**

MEDICATION(S)	DOSAGE	ROUTE	TIME(S)	COMMENTS/POSSIBLE SIDE EFFECTS

Physician/Licensed Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician/Licensed Prescriber's Printed Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Parent/Guardian to complete:**

I hereby represent and attest that I am the **parent or legal guardian** of the above-named student. I hereby request that the medication(s) specified above be administered to the above named student beginning on the following date: \_\_\_\_\_ and ending on the following date: \_\_\_\_\_.

As long as a physician authorizes a refill of any prescription set forth above, this authorization shall apply to any such refills. On behalf of the above named student, myself, and our personal representatives, family members, heirs, assigns, and successors, I also agree and do hereby waive and release all claims for loss, damage, or injury against the Fort Worth Independent School District and any teacher, employee, volunteer, agent or other person arising directly or indirectly out of any act or omission relating to the receipt, administration, or execution of this request. I give permission for the school nurse to consult with the above named student's physician/licensed prescriber regarding any questions that arise with regard to the listed medication(s) or medical condition(s) being treated by the medication(s).

Parent/Legal Guardian's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**CONFIDENTIAL PROTECTED HEALTH INFORMATION:** This document contains or requests "protected health information" within the meaning of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Federal and Texas law and District policy prohibit, and require utilization of appropriate safeguards against, wrongful use, access or disclosure of protected health information, other than as allowed by applicable Federal and state law and District policy. Wrongful access, use, or disclosure of this information may expose violators to civil and criminal liability under Federal and/or State law, discipline by the District, or both.  
 Form 738 R 05/09HS

**FORT WORTH INDEPENDENT SCHOOL DISTRICT**  
**Medication Administration Request**

*Texas law permits a public school to administer medication prescribed by a physician/licensed prescriber to a child on behalf of the parent or legal guardian under certain limited circumstances with an appropriate written authorization. The only medication that may be given at school is that which is necessary to enable the student to remain in school. If possible, all medication should be given outside of school hours. Three times a day medications can be given before school, after school and at bedtime. If necessary, medication can be given at school under the following conditions:*

- 1. Medications must be in original, properly labeled containers. The pharmacy can supply two (2) labeled bottles for this purpose. Medications sent in baggies or unlabeled containers will not be given.*
- 2. Medications will not be given without a specific written request signed by at least one parent or legal guardian and physician/licensed prescriber. This request should be made on the appropriate form supplied by the school or on a form supplied by your physician.*
- 3. Medications may be given by a staff member designated by the principal and trained by the school nurse.*
- 4. All medications must be kept in the nurse's office in a locked cabinet except for students whose doctor/licensed prescriber has completed a Self-Administration of Prescribed Asthma or Anaphylaxis Medication by Student form or a comparable written authorization that complies with district board policy.*
- 5. Empty medication containers will be returned to the students at the end of the month or when the container is empty. Parents should send only the amount of medication needed for one week to one month. Additional medication will be returned to the parent.*
- 6. Medications will not be sent home with the student. An adult designated by the parent/guardian will need to pick up the medication from the school nurse or designated personnel. In some incidences, medication may be sent home with the school bus driver to be given to the parent/guardian.*
- 7. Herbal medications, dietary supplements and other nutritional aids not approved as medication by the FDA may not be administered at school.*

*Please contact your school nurse if there are any questions.*

*R05/09HS*