

# Chapel Hill Independent School District

CHMS  
903-566-1491 ext 1305  
903-565-5125 fax

CHHS  
903-566-2311 ext. 1420  
903-566-5155 fax

## Medication Authorization Form

This form must be accompanied by a written request from your physician (may be faxed)

Medication may be administered by school personnel as follows:

1. When such treatment cannot be accompanied except during school hours.
2. On receipt of this completed form along with the medication.
3. Prescribed by a physician/dentist and in the original container with the pharmacy label. On Prescription medication, the label will serve as the physician's signature.
4. Over-the-Counter medications require a physician's signature in order to be given at school.

Date of Request \_\_\_\_\_

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Start Date \_\_\_\_\_ Finish Date \_\_\_\_\_ Route \_\_\_\_\_

Condition for which med is given \_\_\_\_\_

Known Allergies (Food / Meds / Insects ) \_\_\_\_\_

Prescribing Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Will student need to carry this medication while at school and self administer? \_\_\_\_\_

If so, then your Physician must complete the self carry / self administer form.

I request this medication be given to my child during school hours. I fully understand that trained non-medical district personnel may administer the medication. I understand that the School District, the Board, and its employees shall be immune from civil liability due to allergic reaction or other injuries resulting from the administration of medication to my student, provided such administration conforms to the requirements of this policy.

I understand that I am to pick up all medications by 3pm on the last day of classes and that all medications remaining after that date will be discarded.

Parent/Guardian (signature) \_\_\_\_\_ Date \_\_\_\_\_

(printed) \_\_\_\_\_ phone # \_\_\_\_\_

Please return to school nurse.

Filed in the nurse's office on \_\_\_\_\_