Hudson I.S.D Nursing Department

Prescription and Over-the-Counter Medication Authorization Form

Hudson Middle School/ High School Nurse's Office

(936) 875-9207 FAX (936) 875-9397

I give MY Permission for H.I.S.D to give MY CHILD:_____

Grade:_____

The following MEDICATION & Dosage:_____

TIME TO BE GIVEN:_____

START DATE:_____ END DATE:_____

REASON:_____

I hereby release HUDSON I.S.D. from liability due to allergy or reaction to said medication.

_____ _____ (____)_____

Parent or Guardian Signature Date Phone Number

(OPTIONAL) Please administer, on my phone request, the A.M. dose of the above medication, when I occasionally forget to give it at home. (This is specific to those students on long term daily medication administered at school and the bottle label reflects the request.)

_____ _____

Parent or Guardian Signature Date

MEDICATION MUST BE IN THE ORIGINAL CONTAINER WITH LABEL INTACT. THE LABEL MUST NOT BE ALTERED. PARENT'S DIRECTIONS MUST MATCH DIRECTIONS. THE DOSAGE MUST BE APPROPRIATE FOR YOUR CHILD'S AGE.

*****ALL MEDICATIONS MUST BE BROUGHT IN BY PARENT*** STUDENTS ARE NOT ALLOWED TO BRING IN MEDICATION TO SCHOOL**

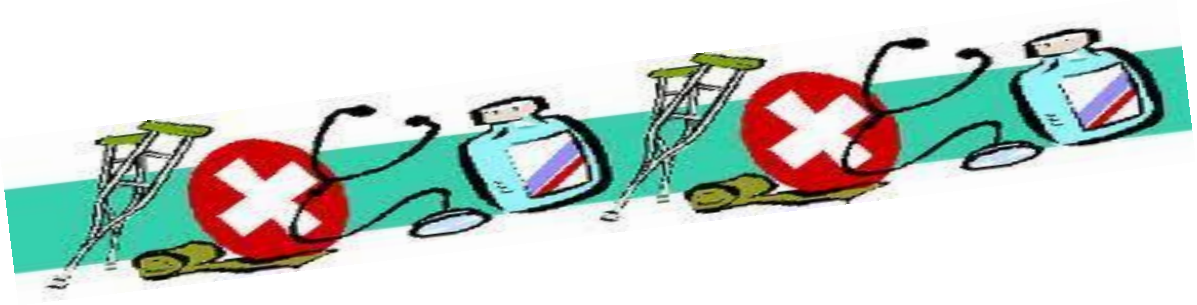
Asthma inhalers: may be self-administered if deemed necessary by your doctor. Please have your doctor sign below if this is necessary bring a note signed by him stating the need for your child to self-carry his/her asthma inhaler.

PHYSICIAN:

Due to the above named student's medical condition, I am authorizing him/her to self carry and self-administer his/her asthma inhaler.

PHYSICIAN'S SIGNATURE:_____ DATE:_____

REVISED: 08/16/2016



MEDICATION COUNT AGREEMENT

Name of Student: _____

Name of Medication: _____

Time of Medication:_____

Your signature below indicates that you understand the amount of medication the nurse's office has received. If the student brings the medication to the nurse's office it is assumed that the parent is knowledgeable of the amount of medication. It is the parent's responsibility to be aware and replenish the student's medication, as the student's medication becomes low.

Date	Pill Count	Nurse	Parent Signature