



Central Heights Independent School District

"EXCELLENCE THROUGH EDUCATION"

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David Russell, Superintendent

Jonathan Vick, HS Principal Andy Binford, MS Principal Brittany Castledine, HS/MS Assistant Principal

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CHISD Medication Administration Form

- Medications to be given to a student on a routine or as needed basis must be provided to the school in its original labeled container by the parent/guardian.
• Prescription medication must be labeled with the student's name, date, dosage, expiration date, directions for use and prescribing Physician.
• Over the counter (OTC) medication must be provided by the parent, in the original container with expiration date, and correct dosages appropriate for age and size of student indicated.
• The only medication administration exception: Central Heights ISD staff can provide first aid treatments and as needed medications listed on our student Emergency Health Care Permission form for needs indicated per W E Furniss III, MD with annual parent/guardian signature of consent.

Please take the time to read and answer each of the questions below. Parental/ Guardian written consent for student medication administration must be on file in the nurse office.

STUDENT NAME GRADE

MEDICATION

DOSAGE TIME TO BE GIVEN

ROUTE TO BE GIVEN CIRCLE ONE: by mouth eye drop/s skin cream skin patch inhaler nebulizer machine other

START DATE END DATE EXPIRATION DATE**

CONDITION FOR WHICH MED IS TO BE GIVEN**

DOES THE STUDENT HAVE ANY FOOD AND/OR DRUG ALLERGIES CIRCLE ONE: NO YES(PLEASE EXPLAIN)

HAVE THERE BEEN ANY PREVIOUS REACTIONS TO THIS MEDICATION? CIRCLE ONE: NO YES(PLEASE EXPLAIN)

END OF THE SCHOOL YEAR MEDICATION DISPOSAL: **New 2020- 21 school year: at the end of the school year one date will be set and publicized as medication pickup day. It is the parent/guardian responsibility to contact the nurse office on or before the last day of school to set a day and time to collect all remaining medications, if medication pickup day is not a convenient pickup day.

All medications remaining in the school the day after the last day of class will be destroyed

PARENT/GUARDIAN SIGNATURE: DATE:

Faculty Review: Original count/ measurement Date Initial & Witness
Refill count/ measurement Date Initial & Witness (cont list on back)
Parent/guardian med return count/meas Date Initial & Witness