

School:	
Teacher:	
Grade:	

## Medication Administration Permission Form

Student Name:			Date of Birth:	Student ID:	#:	
Medication and fo	od allergies: _					
Other medications	taken at hon	ne:				
7RGD\¶V <u>'D</u>	W H	This m	edication form is valid for the	ne current school	year: 20 _	20
administer the medica	ation unless o cations with a	ordered by a U.S lice medical order/perm	rry any medication, prescribe ensed medical practitioner for ission that may be carri	diabetes, asthm	na and DC	QDSK.\OD[L
Austin ISD Health Ser	rvices and Nu	rsing require the	following:			
‡ Only those medica an IEP should be	ations that are sent to schoo	medically necessary  I. The first dose of	during school hours for a a medication may not be give	VWXGHQW n at school.	¶ V attenda	<u>vrritteorin</u>
the parent, legal g	uardian or oth		uardian consent dated for the egal authority of the student A ate of Texas.			
	strength, dosa	ige and directions; ro	ontainer from a registered pha ute to be given, name of preso			
‡ Non-prescription a	nd over-the-co	ounter medications re	equire the above (AISD Studer	t Handbook, FFA	C local).	
	N	MEDICATION ADMI	NISTRATION INST 5UCTIO	NS		
Medication Name and Strength	Dosage	Time(s) to Give Medication at School	How Medication is Taken (by mouth, eye, ear nose, tube, inhaler, with a topical cream or injection)	Condition for which Medication is Given	Stop Date	Medication Expiration Date written on Bottle
<ul> <li>x I request author include field trip and/or GRVI</li> <li>x I release school</li> <li>x I agree to abide</li> </ul>	cation QRW ized Austin ISI s according to DUHTXDQF staff from liabi by federal and	O to administer the me medication label and/off medication label and/off medication label and/off medication label and state law and Austin label and Austin la	sed of on the last day of school dication(s) listed on this form to or PHGLFDO Solutions RYLGMUJRD WIX WHO Coffects that may occur with administration of SD guidelines for medications in ined Austin ISD staff to adminis	my child during so Ahly changes in I G istration of a medion the school setting	chool hours to medication cation.	-
		Pa	rent/guardian name (print)	Dat	te	
and/or anaphyla	actic allergy me	edication. Check applic	ive my permission for the self- cacable: 'Inhaler 'EpiPen 'Di	abetes medication	/insulin	NT ID /Span +2.94
0 H G L F D C		RN Printed Name	OHGLFDO Statuh R (Yorlin G	omswamp) me(mu	Dane ((piint)	ין ושט / Span <2.8t
					Date	

may / \_\_\_\_ may NOT administer this medication

&DPSXV +HDOWK 5RRP \$VVIVWDOW

AISD-HSN Rev.

Esc	cuela:
	estro:
G	rado:
ón	de medicamentos

## Formulario de autorización para la administración de medicamentos

Nombre del estudiante:	_ Fecha de nacimiento:	# de identificacion del estudiante:
		e (ha d)-60.86 Td [(M gs 0 0 m 42.96 0 l S2u)4 004 6 0 l