Cameron Independent School District

Medication Permission Form

Dear Parent/Guardian,
According to Texas State law and Cameron ISD policy, all medications that are to be administered at school must comply with the following guidelines:

1. All medications given must be in original container. This includes both prescription and over-the-counter medications. The medication has to be FDA approved with dosage information clearly marked on the container.
2. All medication must be accompanied by a dated permission form signed by the parent/guardian. Prescription drugs will be given as indicated on label.
3. The over-the-counter medication must be age appropriate and may not be given more than three consecutive days without a physician's order to do so.
4. Medications purchased in a foreign country (for example, Mexico) cannot be given.
5. No medication is supplied by the school.
6. No controlled medication (ex. Ritalin, Concerta, Focalin, Straterra, Adderall or medication for pain control) or any other prescribed medication for behavior control will be sent home with students. **ALL** medications of this type **MUST** be picked up from the clinic by a parent or legal guardian.
7. CISD Health Services **STRONGLY RECOMMEND** that all prescribed controlled medication, medication prescribed for behavior control or medication for pain control (prescribed by a physician: not OTC medications) be delivered to the clinic by a parent or legal guardian. CISD will not accept responsibility for these types of medications until they are delivered to the clinic.

Please help us to assure the health and safety of your child by following the above guidelines.

Student Name: _____Teacher: _____ Grade:_____

Medication	Dosage	Time to be given (or as needed)	Diagnosis/Comments/ Side Effects

I request that the above medications be given to my child as directed. I hereby give permission to the school nurse to contact the prescribing physician with any questions relating to the above medication.

( ) Child to carry empty bottle for refill _____
Initial

( ) Child to take medication home at end of school year _____
Initial

( ) Medication not picked up by parent at the end of the school year will be discarded _____
Initial

_____ _____ _____
Parent/Guardian Signature Date Daytime Phone

_____ _____ _____
Physician Signature Physician Name-Printed Date