



Desoto Independent School District

Health Services

Prescription Medication Form

According to Texas State Law, Texas Department of State Health Services guidelines, and DISD policy and procedures, all medications that are to be administered at school must comply with the following guidelines:

1. All prescription medication given must be in the original container and labeled by a pharmacist.
2. All prescription medication must be accompanied by a dated medication form filled out and signed by a physician/provider in addition to the parent/guardian's signature.
3. The non-prescription medication to be given for more than five consecutive school days or with a dose that does not coincide with label directions requires a prescription medication form signed by a physician/provider.
4. Medications purchased in a foreign country (for example, Mexico) cannot be given.
5. Medications **cannot** be carried by the student **unless there is a physician's order to do so in the nurse's office.**
6. Students who are currently taking prescribed narcotics are not permitted on campus. Exceptions can be made for students who are being treated for chronic illness (for example, sickle cell disease).
7. Once, twice, or three times a day medication should be arranged to be taken at home unless specifically requested to be given at school by the provider.

Student Name: _____ Date of Birth: _____

ID: _____ Grade: _____ School: _____

TO BE COMPLETED BY PHYSICIAN:

Name of Medication: _____ Dose: _____

Time to be given at school: _____ D/C date: _____

Reason for medication/diagnosis: _____

Restrictions: _____

Additional Remarks: _____

Printed Provider Name

Phone Number

Provider Signature and Date

Fax Number

I give permission for my child to receive the above medication as directed by their provider. I give my permission to the school nurse or school personnel designated by the principal to administer the above mentioned medication. I give my permission to the school nurse to share information relevant to the above mentioned as she determines appropriate for my child's health and safety. I understand that this permission is only valid for the duration of the school year unless the nurse is informed by my child's provider or myself that it has been discontinued and I understand that changes to medication require a new medication form to be completed.

Printed Parent Name

Parent/Guardian Signature

Date



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Work Number

Home/Cell Number