



# Hooks ISD

## Request for Administration of Medication at School

This form must be filled out completely for school staff to administer medication to a student. A new medication authorization form must be completed at the beginning of each year, for each medication and each time there is a change in medication's administration instructions. The following is required by the provider of the medication according to Texas Education Code's Chapter 22, Section 22.052:

Prescription and over-the-counter medication administered at Hooks ISD by designated personnel require both a licensed healthcare provider's written order and a parent/ guardian's written request on the Medication Authorization Form. Medication lacking this documentation will not be accepted or administered. Medication can no longer be administered solely on a parent's written request. Hooks ISD has a standing order for a limited stock of over-the-counter medications. The standing order can be located on the Nurse's Office page of the Hooks ISD website.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent Phone # \_\_\_\_\_ Work# \_\_\_\_\_

Condition for which medication is prescribed: \_\_\_\_\_

Medication Name \_\_\_\_\_ Dose \_\_\_\_\_ Route \_\_\_\_\_

Time(s) of day to administer \_\_\_\_\_

Possible sideeffects \_\_\_\_\_

Special requirements for administration/storage \_\_\_\_\_

Known Food or Drug Allergies Yes No If yes, please explain:  
\_\_\_\_\_

Please indicate if student can self-administer medication Yes No

Prescriber's Name \_\_\_\_\_ Ph.# \_\_\_\_\_

I consent to medication administration for my child named above and agree to review and provide any special instructions or changes in medication administration.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_