

Medication Administration Consent Form

City of Fort Worth

School Name: _____ Grade: _____

Physician/Licensed Prescriber to complete: _____

Allergies: _____

Medication(s)	Strength	Dose	Route	Frequency	Comments

Physician/Licensed Prescriber's Signature: _____ Date: _____

Physician/Licensed Prescriber's Printed Name: _____

Phone: _____ Fax: _____

Parent/Legal Guardian to complete:

I hereby represent and attest that I am the parent or legal guardian of the above-named student. I hereby request that the medication(s) specified above be administered to the above-named student beginning on the following date: _____ and ending on the following date: _____

As long as the physician authorizes a refill of any medication set forth above, this authorization shall be valid for my members, heirs, assigns, and successors. I also agree and do hereby warrant and release all claims, damages, and expenses, including reasonable attorney's fees, that may be asserted against me, my members, heirs, assigns, and successors, by the named student's physician/licensed prescriber regarding any questions that arise with regard to the listed medication(s) or medical condition(s) being treated by the medication(s).

Parent/Legal Guardian's Signature: _____ Date: _____

Parent/Legal Guardian's Name: _____

Telephone: _____ Cell: _____ Work: _____

CONFIDENTIAL - PROTECTIVE HEALTH INFORMATION

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FORT WORTH INDEPENDENT SCHOOL DISTRICT
Health Services Department

Texas law permits a public school to administer medication prescribed by a physician/licensed practitioner to a child on behalf of the parent.

Medication can be given before school or during school hours. All medications must be given under the following conditions:

1. Medications must be in original, properly labeled containers. The school will not supply the necessary bottles for this purpose. Medications should be in the original container.
2. Medications will not be given without a specific written request signed by at least one parent or legal guardian by the parent/guardian.
3. Medications must be given to the school nurse.
4. Medications must be given to the school nurse during school hours.
5. Medications must be given to the school nurse during school hours.
6. Herbs, vitamins, dietary supplements and other nutritional aids not approved by the school nurse.

Please contact your school nurse.

School Nurse: _____

Phone Number: _____