Form 310 Medication Permit Form Form 310

A student may take medication at school and for school sponsored events off campus ONLY if:

1. a license physician, nurse practitioner, physician assistant or dentist has prescribed the medication, or a parent requests the administration of non-prescription mediation (over-the-counter);
2. the parent/guardian delivers the medication to the school office or nurse
3. the medication is delivered in its prescription container with a current pharmacy prescription label or, if the medication is over-the-counter medication, in the original labeled and sealed container (unopened),;
4. the designated school staff or nurse administers the medication to the student; and
5. the parent/guardian completes and returns this form to the school office or nurse;

Item 4 above does not apply if a parent authorizes a student to self-carry and self-administer medication through an epi-pen, inhaler, insulin pump, or glucose meter and completes and delivers this form to the School.

The school may NOT:

1. accept any medication that is not in the proper container as described above;
2. accept any medication from the student or any person other than the parent/guardian;
3. administer experimental medication or dosages;
4. administer any herbal medication, dietary supplements, or other nutritional aids which are not approved as medication by the Federal Drug Administration (FDA);
5. administer any medication with an expiration date that has passed;
6. administer any medication via a central line at school; or
7. administer any medication for which the school personnel, in its sole discretion, is not qualified or licensed to administer.

A student may NOT:

1. carry any medication on their person or in their belongings, unless permission granted below for an inhaler, epi-pen, insulin pump, or glucose meter; or
2. give any medication to other students.

The school WILL destroy or dispose of any medication:

1. that a parent/guardian does not timely retrieve after the school has requested the parent/guardian to retrieve; 2. that is in a vial (for example, insulin) once started (opened) and not used in 30 days; or
3. that has an expiration date that has passed.

REQUEST

To the Nurse or Health Representative of _____ **School**

Student name: Grade: DOB: _____
Please print Last name first Middle

Medication name: _____ **Beginning Date:**_____ **Ending Date:**_____

Dosage and Directions for giving: _____

Medication name: _____ **Beginning Date:**_____ **Ending Date:**_____

Dosage and Directions for giving: _____

Permission to Self- Carry & Self Administer: I authorize my child (Student) to carry the following medications at School and to self-administer the medications, according to the care plan signed by a physician: ❑ Epi-Pen ❑ Insulin Pump ❑ inhaler ❑ Glucose Meter

1. I request that the School administer the medication specified above to the named student, beginning and ending on the dates specified. 2. I understand that the medication may be given by someone other than a medically trained person. 3. I make this request for the benefit of my child (the named student) and myself.
4. **I agree to indemnify and hold harmless the School (named above), the Parish with which the School is affiliated, and the Catholic Diocese of Austin, as well as their agents, contractors, volunteers, employees, and the individuals administering the medication (the Indemnified Parties), of and from any and all claims, demands, or causes of action arising out of or in any way connected with the giving of the medication or failing to give the medication to the student.**
5. **I, on my own behalf and on behalf of any other parent of the student, release and waive any and all claims, demands, or causes of action against any of the Indemnified Parties for giving or failing to give the medication, either entirely or in the appropriate dosage or manner.**

Signature of Parent/Guardian: _____ **Date:** _____
Name of Physician and Telephone Number:_____

Adopted: 5/99, Revised 2/13, 10/14, 07/25