



SCHERTZ-CIBOLO-UNIVERSAL CITY INDEPENDENT SCHOOL DISTRICT  
HEALTH SERVICES

MEDICATION ADMINISTRATION FORM DURING SCHOOL HOURS

STUDENT: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

REASON FOR MEDICATION: \_\_\_\_\_

DATES TO BE GIVEN: \_\_\_\_\_

**\*\*OVER THE COUNTER MEDICATIONS GIVEN LONGER THAN 5 CONSECUTIVE DAYS MUST HAVE PHYSICIAN SIGNATURE BELOW\*\***

**MEDICATION REQUIREMENTS**

- MEDICATION (INCLUDING REFILLS) **MUST** BE DROPPED OFF BY A PARENT / GUARDIAN / ADULT DESIGNEE
- MEDICATION **MUST** BE DROPPED OFF IN ORIGINAL BOTTLE WITH PHARMACY PRESCRIPTION LABEL (WHEN APPLICABLE) **\*ASK PHARMACY FOR AN EXTRA LABELED BOTTLE FOR MEDICATION GIVEN AT HOME & AT SCHOOL\***
- MEDICATION **CANNOT** BE EXPIRED. EXPIRED MEDICATION **WILL NOT** BE GIVEN
- **PHARMACY LABEL MUST INCLUDE:** STUDENT NAME, NAME OF MEDICATION, DOSE TO BE GIVEN, TIME OF ADMINISTRATION, ANY OTHER SPECIAL INSTRUCTIONS
- PHARMACY LABEL **MUST** MATCH PHYSICIAN ORDER / INSTRUCTIONS
- **PARENTS ARE RESPONSIBLE** FOR KNOWING WHEN A CHILD’S REFILL IS DUE
- VITAMINS / HERBAL SUPPLEMENTS / ESSENTIAL OILS **WILL NOT** BE ADMINISTERED AT SCHOOL
- DISCONTINUED / LEFTOVER MEDICATION **MUST** BE PICKED UP BY A PARENT / GUARDIAN / ADULT DESIGNEE

SPECIAL INSTRUCTIONS FOR ADMINISTRATION: \_\_\_\_\_

MEDICATION	DOSE	TIME	ROUTE

\_\_\_\_\_  
PHYSICIAN SIGNATURE

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED PHYSICIAN NAME

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
PARENT PHONE NUMBER & EMAIL

In signing this form, I give permission for my child to receive medication during school hours. I understand the school takes no responsibility for the administration of the medication. I release the School Board and their agents and employees from any and all liability, which may result from my child taking this medication. I understand the district medication policy is available on the district website, and I can also request a copy from the school nurse.

\_\_\_\_\_  
STUDENT GRADE LEVEL

\_\_\_\_\_  
HOMEROOM

\_\_\_\_\_  
STUDENT ID