

The Medina Valley Independent School District requires that all students who need medication during the school hours must do the following:

PRESCRIPTION MEDICATION

- A. Prescription medication must be in the original container with the proper label.
- B. Prescription medication must have a written parental permission.
- C. If prescription medication is to be given for more than 10 days, a physician's permission and a parental permission form must be on file.

NON-PRESCRIPTION MEDICATIONS

- A. Non-prescription medications must be in the original container with the proper labeling.
- B. Non-prescription medications must have a written parental permission.
- C. The parent may send non-Prescription medication one time during the school year with a written parental note. This parental note will be honored for 5 days from the date it is received. Any further administration of this same medication at any time throughout the school year will require a physician's permission form.

Please administer the following medication(s) to the below named child.

Child's Name: _____ Date of Birth _____

Diagnosis: _____

| Medication | Dosage | Time | Duration |
|------------|--------|-------|----------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

The following emergency measures may be required: _____

The following precautions and restrictions will be necessary: _____

Permit to carry medications for Asthma, Anaphylaxis and Diabetes.

Students with asthma and/or anaphylaxis may possess and use prescribed medication for these conditions with written authorization from his or her parent and a physician or other licensed health-care provider. Students with diabetes will be permitted to possess and use monitoring and treatment supplies and equipment while at school with physician and parent permission. They must demonstrate to the physician or other licensed health-care provider and the school nurse the ability to use the prescribed medication.

_____ It is my professional opinion that the above named student SHOULD NOT carry his/her medication by him/herself.

_____ I have instructed the above named student in the proper way to use his/her medications. The student has demonstrated the ability to use the prescribed medication. It is my professional opinion that this student SHOULD carry and use that medication by him/herself.

Printed Name of Physician Signature of Physician Date & Telephone

*****(Physician Assistant signatures must be co-signed by the physician)*****

As the parent of the above student I give permission for employees of MVISD to communicate with the above physician regarding my child's health and/or medication.

Parent's signature _____ Date _____

If you have questions please contact the school nurse at:

- Castroville Elementary Telephone: 830-931-2243 Ext. 2504 FAX: 830-931-3973
- LaCoste Elementary Telephone: 830-931-2243 Ext. 3005 FAX: 830-985-3732
- Potranco Elementary Telephone: 830-931-2243 Ext. 2014 FAX: 830-931-9575
- MV Middle School Telephone: 830-931-2243 Ext. 1164 FAX: 830-931-3258
- MV High School Telephone: 830-931-2243 Ext. 1147 FAX: 830-931-0371

All permission slips must be renewed each school year or when a change is made.

*The student has demonstrated the ability to use the prescribed medication to the school nurse and may carry his/her medication. *

Nurses signature _____ Date _____