

**BRADY INDEPENDENT SCHOOL DISTRICT
Medication Authorization Form**

According to Texas State Law and Brady Independent School District policy, all medications that are to be administered at school must comply with the following guidelines:

1. All medication given must be in the original container. This includes both prescription and over – the – counters medicines. The medication has to be FDA approved with dosage information
2. All medication must be accompanied by a dated medication authorization form signed by the parent / legal guardian. Please include instructions for over the counter medication. Prescription drugs will be given as indicated on the label.
3. Medication must be brought to the school by the parent / legal guardian.

Please help us to assure the health and safety of your child by following the above guidelines.

Student: _____ **Teacher:** _____

Medication Allergies: _____

Medication	Dosage	Time to be given	Pill count (if controlled drugs)	Parent - guardian / Nurse Initials

I request that the above medications be given to my child as directed. I hereby give permission to the school nurse to contact the prescribing physician with any questions relating to the above medication. I agree to hold harmless Brady ISD and it's employees for any consequences resulting from administration of medication. Medication authorization will be effective until the last day of this school year unless revoked in writing by the parent/ legal guardian.

() Child may carry empty medication bottle home for refill. _____
Initials

() Medication will be discarded at the end of the school year if not picked up by the parent / legal guardian by the time student's are dismissed on the last day of school. _____
Initials

Parent / Legal guardian signature

Date

For clinic use only:

() Med sent home with parent / legal guardian (Date _____)

