



EUSTACE ISD HEALTH SERVICES DEPARTMENT



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Lead District Nurse
Phone/Fax 903-425-5231

High School Campus
350 FM 316 S
Eustace, TX 75124

Medication should be given at home whenever possible. This form should be completed when dosage instructions require medication to be given during the school day, in compliance with the Texas Education Code 22.052. Only those medications that **MUST** be taken during the school day should be sent to school. Most medications that are needed **THREE** times a day or less can be given at home and **SHOULD NOT** be sent to school.

Eustace ISD policy (FFAC Local) requirements are:

1. This completed form along with the medication and or special equipment items are to be brought to the school by the parent/legal guardian. **NOT a student.**
2. Medications are to be kept in the school nurse office and **MUST** be in a prescription bottle/container properly labeled with name of the patient, name of the drug, and specific instructions on dosage. Please ask your pharmacist to provide a 2nd labeled bottle for school. **EISD DOES NOT under any circumstances release medications to students for return home. A competent adult must sign for and pick up the medication if an additional bottle/container has not been provided to the school. The ONLY exceptions are students who have a doctor signature allowing them to "self carry" an emergency required medication.**
3. A note from the physician and parent is required if the medication is an over-the-counter drug and the medication **MUST** be in the **unopened original** container. Specific instructions for administration of the medicine must be included from the physician's office: patient name, physician name and signature, medication name, dosage, duration, and time to be given.
4. **IF THE MEDICATION IS TO BE GIVEN MORE THAN 10 SCHOOL DAYS, IT MUST BE AUTHORIZED BY THE PHYSICIAN AND PARENT. THIS REQUEST MUST BE RENEWED EVERY SCHOOL YEAR.**

If you have any questions about these policy requirements, please call your school's nurse. Thank you for your cooperation.

PERMISSION TO ADMINISTER MEDICATIONS (PTA)

Date: _____ Teacher: _____ Grade: _____ Date of Birth: _____

Student: _____ Doctor: _____

Medicine: _____ Reason: _____

Dosage: _____ Time(s): _____ Route: _____ Duration (date): _____

- I give permission for school officials to administer medication to my child and release the school from liability.
- In recognition of the importance of effective monitoring of the medication being administered, I give consent for Kerens ISD to exchange information with the physician listed below.

Parent/Guardian Signature: _____ Daytime Phone: _____

Doctor's Signature: _____ Doctor's Phone: _____

The Eustace Independent School District does not discriminate on the basis of race, color, gender, age, national origin, religion, orientation, or disability in matters affecting employment or in providing access to programs. Inquiries related to the policies of the Eustace ISD should be directed to Human Resources at 320 FM 316 S, Eustace, TX, 75124, 903-425-5151.