



Granbury Independent School District Medication Permit Form

All medication should be given outside of school hours if possible. Only medication which is required to enable a student to stay in school, may be dispensed at school. Medications that are to be given three times a day, can be given at home before school, after school and at bedtime. If necessary, medication may be dispensed at school under the following conditions:

1. All **Prescription Medication** must be:
 - a. Brought to school by an adult and accompanied by signed GISD medication permit form. Prescription medication must be in the original, properly labeled with student's name and given according to label directions. The pharmacy can supply two (2) bottles for this purpose.
 - b. Prescription Medications such as Adderall or other controlled substances must be counted and verified by signature.
 - c. Inhalers or EpiPens must be kept in the nurse's office. A student may only carry an inhaler or EpiPen if a physician's order is provided to the school. If a student must carry an inhaler or EpiPen, an additional inhaler or EpiPen should be kept in the nurse's office.
2. All **over the counter medication** must be:
 - a. Brought to school by an adult and accompanied by signed GISD medication permit form.
 - b. Age appropriate, Non-Prescription medications must be in the original container and will only be administered according to label instructions, unless orders from physician received and if the Medication Permit Form is signed by the parent or guardian.
 - c. Will not be given after the 10th day or 10th dose whichever is first without a physician's order.
3. **Medication that is in baggies or unlabeled containers will not be dispensed at school.**
4. **Medication shall never be sent with a student on the bus.**
5. **Medication left at the end of the year will be destroyed unless the parent/guardian picks it up.**
6. **A new medication permit form will be required at the beginning of each school year.**

Student _____ Drug Allergies _____

Teacher/Grade _____ Date of birth _____

Start Date	Medication	Strength (i.e., 10 mg)	Dosage (i.e. 2 tabs or 1 tsp)	Time to be given
Comments				
Comments				
Comments				
Comments				

- I hereby request that the medication specified above be administered to the above student.
- Parental consent: I consent to and authorize information to those within the school district who have a need to know for legitimate educational purposes.
- I understand that Granbury ISD, the Board, and its employees are not liable for damages or injuries resulting from administration of medication to my child in accordance with Texas Education Code 21.905.

Parent/Guardian _____ Date _____

REQUIRED FOR ALL ASTHMA INHALERS/EPIPENS/DIABETIC MEDICATION CARRIED BY STUDENTS:

Diagnosis _____ Medication _____

Physician Signature _____ Date/Time _____

Controlled Medication Refill Log

# Pills Initially Revd.:		Nurse/Parent Initial _____/____			Date/Time _____/____/____				
Refill Date	_____	# Pills Refilled	_____	Pills Left in Bottle	_____	Total	_____	Initials	____/____
Refill Date	_____	# Pills Refilled	_____	Pills Left in Bottle	_____	Total	_____	Initials	____/____
Refill Date	_____	# Pills Refilled	_____	Pills Left in Bottle	_____	Total	_____	Initials	____/____
Refill Date	_____	# Pills Refilled	_____	Pills Left in Bottle	_____	Total	_____	Initials	____/____
Refill Date	_____	# Pills Refilled	_____	Pills Left in Bottle	_____	Total	_____	Initials	____/____
Refill Date	_____	# Pills Refilled	_____	Pills Left in Bottle	_____	Total	_____	Initials	____/____
Refill Date	_____	# Pills Refilled	_____	Pills Left in Bottle	_____	Total	_____	Initials	____/____
Refill Date	_____	# Pills Refilled	_____	Pills Left in Bottle	_____	Total	_____	Initials	____/____
Refill Date	_____	# Pills Refilled	_____	Pills Left in Bottle	_____	Total	_____	Initials	____/____
Refill Date	_____	# Pills Refilled	_____	Pills Left in Bottle	_____	Total	_____	Initials	____/____
Refill Date	_____	# Pills Refilled	_____	Pills Left in Bottle	_____	Total	_____	Initials	____/____
Refill Date	_____	# Pills Refilled	_____	Pills Left in Bottle	_____	Total	_____	Initials	____/____
Refill Date	_____	# Pills Refilled	_____	Pills Left in Bottle	_____	Total	_____	Initials	____/____
Refill Date	_____	# Pills Refilled	_____	Pills Left in Bottle	_____	Total	_____	Initials	____/____
Refill Date	_____	# Pills Refilled	_____	Pills Left in Bottle	_____	Total	_____	Initials	____/____
Refill Date	_____	# Pills Refilled	_____	Pills Left in Bottle	_____	Total	_____	Initials	____/____
Refill Date	_____	# Pills Refilled	_____	Pills Left in Bottle	_____	Total	_____	Initials	____/____
Refill Date	_____	# Pills Refilled	_____	Pills Left in Bottle	_____	Total	_____	Initials	____/____

Medication _____

Pills Took Home _____ Date _____

Parent Signature _____

Nurse Signature _____