



**Mission Consolidated Independent School District  
Health Services**

**MEDICATION AUTHORIZATION PERMIT**

**2016-2017**

Name \_\_\_\_\_ ID# \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_ Ph# \_\_\_\_\_ Teacher \_\_\_\_\_  
 Reason for Medication(s) \_\_\_\_\_  
 ALLERGIES \_\_\_\_\_

Start	Stop	Name of Medicine	Dose	Type	Time

This student is both capable and responsible for self-administering this medication:  
 No       Yes-supervised       Yes-unsupervised

\*Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Physician's Name (please print) \_\_\_\_\_ Phone #: \_\_\_\_\_  
**Physician signature required**  
**(Firma de doctor requerida)**

School employees are legally permitted to administer medications to students in the event school nurse is not present. *(Empleados del distrito escolar están legalmente permitidos en administrar medicinas a estudiantes en caso que la enfermera no esté presente.)*

I give permission for my child to transport medication via backpack to/from school. Yes \_\_\_\_\_ No \_\_\_\_\_  
*(Doy permiso a mi niño(a) en transportar la medicina en su mochila a/de la escuela.)* Si \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
 Signature of Parent/Guardian *(Firma de padre/guardián)*

\_\_\_\_\_  
 Work # *(Teléfono de trabajo)*

Your signature gives permission for the nurse to implement the above medical orders, contact and receive additional information from your health care provider regarding the medical condition(s) and the prescribed medication(s). *Su firma da permiso a la enfermera para aplicar las órdenes médicas descritas arriba, ponerse en contacto y recibir información adicional de su proveedor médico acerca de la condición médica(s) y la medicación prescrita(s).*

Amount of Medication Brought: \_\_\_\_\_

\_\_\_\_\_  
 School Nurse

\_\_\_\_\_  
 Date brought

After 10 consecutive days (including weekends), must have medication order!

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Nurses: \_\_\_\_\_  
 \_\_\_\_\_

Disposal of Med:  Home with student \_\_\_\_\_  
 Parent pick up \_\_\_\_\_  
 Completed \_\_\_\_\_  
 Discarded (Reason) \_\_\_\_\_