Phone: 972-400-1771

UME Preparatory Academy Medication Administration Request Form

Parent/Legal	Guardian	to	compl	lete:
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Student Name	Grade	Date of Birth	Start Date	End Date

Physician/Licensed Prescriber to complete (Over-The-Counter medication will be given as label directs):

Medication Name	Dosage	Time to be given at school	Route (Oral, injection, etc.)		
Comments (please include special instructions or concerns regarding this medication)					
The state of the s					
Physician/Licensed	Prescriber	Physician/Licensed Prescriber		Date	
Name, Address, Phon	ne Number	Signature		Date	

Parent/Legal Guardian to read and complete:

I hereby represent and attest that I am the parent or legal guardian of the above-named student. I hereby request that the medication(s) specified above be administered to the above named student at the above given dates. As long as a physician authorizes a refill of any prescription set forth above, this authorization shall apply to any such refills. On behalf of the above named student, myself, and our personal representatives, family members, heirs, assigns, and successors, I also agree and do hereby waive and release all claims for loss, damage, or injury against UME Preparatory Academy and any teacher, employee, volunteer, agent or other person arising directly or indirectly out of any act or omission relating to the receipt, administration, or execution of this request. I give permission for the school nurse/ faculty to consult with the above named student's physician/licensed prescriber regarding any questions that arise with regard to the listed medication(s) or medical condition(s) being treated by the medication(s). I hereby acknowledge the above information as agreeable and attest to the validity of the information provided on this form to the best of my knowledge:

Parent/Legal Guardian Printed Name	Parent/Legal Guardian Signature	Date
Home Phone	Cell Phone	Work Phone

CONFIDENTIAL PROTECTED HEALTH INFORMATION: This document contains or requests "protected health information" within the meaning of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Federal and Texas law and school policy prohibit, and require utilization of appropriate safeguards against, wrongful use, access or disclosure of protected health information, other than as allowed by applicable Federal and state law and school policy. Wrongful access, use, or disclosure of this information may expose violators to civil and criminal liability under Federal and/or State law, discipline by the school, or both. Texas law permits a public school to administer medication prescribed by a physician/licensed prescriber to a child on behalf of the parent or legal guardian under certain limited circumstances with an appropriate written authorization. The only medication that may be given at school is that which is necessary to enable the student to remain in school. If possible, all medication should be given outside of school hours. Three times a day medications can be given before school, after school and at bedtime. If necessary, medication can be given at school under the following conditions:

- 1. Medications must be in original, properly labeled containers. The pharmacy can supply two (2) labeled bottles for this purpose. Medications sent in baggies or unlabeled containers will not be given.
- 2. Medications will not be given without a specific written request signed by at least one parent or legal guardian and physician/licensed prescriber. This request should be made on the appropriate form supplied by the school or on a form supplied by your physician.
- 3. Medications may be given by a staff member designated by administration and trained by a licensed medical professional.
- 4. All medications must be kept in the school's office in a locked cabinet except for students whose licensed prescriber has submitted a Self-Administration by Student authorization that complies with Texas law.
- 5. Medications must be delivered to and picked up from the school by a Parent/Legal Guardian or adult authorized by Parent/Legal Guardian. This includes refills and any leftover medication that needs to be returned home.
- 6. Herbal medications, dietary supplements and other nutritional aids not approved as medication by the FDA may not be administered at school.

Please contact the school administration if there are any questions.

Fax: 972-692-7005