

# **TO PARENTS/GUARDIANS OF STUDENTS WITH MEDICAL ISSUES**

**(school forms highlighted in blue must be downloaded first, then filled out)**

## **HEALTH CONDITIONS REQUIRING ACTION PLANS / MEDICATION PERMISSION FORMS**

- CISD action plans are extremely important for a student who has a major health condition as they contain emergency information as well as guidelines to follow.
- Physician / Healthcare Provider action plans are also extremely important for the health and well-being of students.
- Medication Permission Forms for each emergency medication to be kept at school must be signed in by the parent/guardian.

## **ASTHMA**

- [CISD Asthma Action Plan](#) – If a student has a care plan from the Healthcare Provider, a copy will be kept in the clinic with the CISD care plan
- [Medication Permission Form 2024-25](#) – If a student has an “Asthma Action Plan” signed by the Healthcare Provider and dated within one year, this will suffice for the signature of the Healthcare Provider.  
**IMPORTANT NOTE:** If there is not an action plan signed by the Healthcare Provider, the school nurse will only be allowed to follow specific instructions written on the prescription label of any rescue inhaler.

## **SEVERE ALLERGIES REQUIRING EPINEPHRINE**

- [CISD Severe Allergy Action Plan](#) – If student has a care plan from the Healthcare Provider, a copy will be kept in the clinic with this CISD care plan
- [Medication Permission Form 2024-25](#) – If the epinephrine is in the original container with an intact prescription label, and the container and epinephrine pen both have a valid expiration date, the medication permission form doesn't need to be signed by the Healthcare Provider.

## **SEIZURES**

- [CISD Seizure Action Plan](#) - If student has a care plan from the Healthcare Provider, a copy will be kept in the clinic with the CISD care plan
- [Medication Permission Form 2024-25](#) – As long as seizure control medication (Diastat or Diazepam) is in the original container with an intact prescription label, and both the container and medication have a valid expiration date, the medication permission form doesn't have to be signed by a Healthcare Provider.

## **TYPE 1 DIABETES**

- [CISD Diabetes Individual Health Plan](#) – Must be on file with the Healthcare Provider's diabetes plan.
- [Medication Permission Form 2024-25](#) – The Healthcare Provider's signature on the diabetes plan suffices for the signature on the form, however, the parent / guardian must sign the medication form.

## **MEDICATIONS AT SCHOOL**

- Must be brought to school by parent / guardian as students are not allowed to transport medication
- Must be in the original container with a valid expiration date
- Over-the-counter medication dosage must be appropriate for the age of the student  
**(The label on the bottle must clearly state the age appropriate dosage)**
- Must be accompanied by a [Medication Permission Form 2024-25](#) signed by the parent / guardian