

SOUTHWEST INDEPENDENT SCHOOL DISTRICT
HEALTH SERVICES

PHYSICIAN/PARENT REQUEST FOR ADMINISTRATION OF
MEDICATION BY SCHOOL PERSONNEL

Medications may be administered at school by school personnel when such treatment is necessary for school attendance and cannot otherwise be accomplished. This form must be completed and returned to the school before the medication will be administered. A medication that is to be given for more than 10 days requires the attending physician's signature as well as the parent's.

Medication may be administered by a school nurse or by a non-health professional designate of the principal. The medication should be brought to the school in the original container appropriately labeled by the pharmacy. It is recommended that the parent take this form with your child at the time of the scheduled doctor's visit, so that no extra charge will be made by the physician's office for completion of the form.

Name of Student _____ Birth Date _____
Diagnosis(es): _____

Name of Medication: _____
Dosage: _____
Specific times to be administered at school: _____

Precautions, possible untoward reactions, and interventions: _____

This medication is to be administered as above until the following date, or the end of the current school year, whichever comes first: _____

Physician's Signature _____ Date _____
Physician's Printed Name _____ Phone _____
Address _____

PARENT:
We (I), the undersigned, the parent/guardians of _____
Student's Name

request that the above medication be administered to my child and give my permission for the school nurse to exchange information with the prescribing physician concerning the administration of this (these) medication(s).

_____/_____
Signature Relationship Date
Telephone _____/_____
Home Work