

Spring Branch Independent School District  
**HEALTH SERVICES**  
Physician's Statement for Administration of Prescription Medication

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

It is necessary that the following medication be administered during school hours as specified below in order to maintain this child's physical health and support school performance.

NAME OF MEDICATION \_\_\_\_\_ DOSAGE \_\_\_\_\_

TIME \_\_\_\_\_ FREQUENCY OF USE \_\_\_\_\_

- |  |                                     |                                   |
|--|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Tablet                | <input type="checkbox"/> Liquid     | <input type="checkbox"/> Drops    |
| <input type="checkbox"/> Capsule               | <input type="checkbox"/> Inhalation | <input type="checkbox"/> Ointment |
| <input type="checkbox"/> Other (specify) _____ |                                     |                                   |

Condition for which medication is prescribed: \_\_\_\_\_

Medication may cause: \_\_\_\_\_

Emergency instructions: \_\_\_\_\_

Medication is regulated by Federal Narcotics Act: Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Physician's Name (Please Print) \_\_\_\_\_ Signature of Physician

\_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_ Date

I hereby grant permission for the school nurse or other school personnel to administer medication to my child according to the physician's statement given above.

\_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_ Date

\_\_\_\_\_  
Email Address



**Important Information for Parents/Guardians:**

Medication must be prescribed by a licensed physician and appropriately labeled in the original container by the pharmacy or physician.

This statement must also be completed by a physician and parent/guardian when container labels on non-prescription medications do not specify dosage instructions appropriate for the child's age.



Commented [r1]: