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REQUEST FOR ADMINISTRATION OF MEDICATION

Lackland Independent School District requires a physician's order to administer long-term medication to students in the school setting. All medications must be in original prescription containers with the student's name. For the safety of the children, parents are to turn in ALL medication to the nurse's office.

Please contact the school clinic at (210) 357-5040 if you have any questions. Thank you for your support.

To Be Completed by the Physician

Date: _____ Student's Name: _____

Diagnosis: _____

Medication Order: _____

Restrictions (if any): _____

Other instructions: _____

Physician's Signature: _____

Stamp:

To Be Completed by the Parent

I, _____, give my permission for my child to receive the above medication as directed by the physician and administered by the school nurse or her designee.

Parent Signature: _____

Date: _____

Contact Number: _____