

**EAST CENTRAL INDEPENDENT SCHOOL DISTRICT
DEPARTMENT OF SCHOOL HEALTH SERVICES
MEDICATION REQUEST FORM**

Note to parents or Guardians:

The East Central Independent School District requires all students who need medication during school hours present the following form. It must be signed by the parent or legal guardian immediately and the attending physician as soon as possible.

Health Services will accept only medications that are FDA approved pharmaceuticals, which are within FDA guidelines, and are manufactured in the U.S. for administration. Homeopathic (i.e. "herbals") preparations will not be accepted.

This form must be returned to the school clinic.

School fax number _____

In addition, medications must be brought in a properly labeled prescription bottle.

Name of Student: _____

Date of Birth: _____ School: _____

TO BE COMPLETED BY PHYSICIAN

Diagnosis: _____

Name of Medication: _____

Specific time (s) and dose(s) to be given at school: _____

Length of time: _____

Are there any restrictions: ___ Yes ___ No

Printed name of Physician Date Signature of Physician

Physician's Telephone Number: _____

TO BE COMPLETED BY PARENT

I, _____ give permission for my child to receive the above
Printed name of Parent/Guardian
Medication as directed by the physician.

Signature of Parent/Guardian Date Telephone Number of Parent/Guardian