

**Parent: You must have 1 sheet for EACH medication**

**PARENT/PHYSICIAN REQUEST  
FOR ADMINISTRATION OF MEDICATION  
BY SCHOOL PERSONNEL**

Requests for the administration of medications by school personnel may be made as follows:

1. A separate request form is to be completed for each medication.
2. Only those medications that cannot be given outside school hours will be administered. (Prescriptions can be written so that doses are not necessary during school hours.)
3. A written request from a student's physician will be required when non-prescription medication must be given longer than 10 consecutive school days.
4. Medication must be in the original, properly labeled container accompanied by this completed form (Texas Education Code 21:914). Please request the pharmacist to dispense two labeled bottles of medication: one for home and one for school.
5. It is the student's responsibility to come to the clinic or office to take his/her medication.
6. \_\_\_\_\_ Please write **yes** or **no** if you give your permission for your child to take home his/her medication at the completion of the request. Unused medication will be discarded after two weeks.

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Date of Request: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade level: \_\_\_\_\_

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

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Date(s) to be administered: \_\_\_\_\_ Time: \_\_\_\_\_

Precautions/side effects of medication for your child: \_\_\_\_\_

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Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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I, the undersigned, the parent/guardian of \_\_\_\_\_

(Student's name)

request the above medication be administered to my child.

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_