

Princeton Independent School District

Date _____

Grade _____

Medication Permission Form

In accordance with Section 22.052 of the Texas Education Code, the Princeton ISD has established the following rules concerning the administration of medication to student by school employees. Only persons designated by the principal will be authorized to administer medication under the following conditions:

Prescription/Non-prescription -A parent or legal guardian has provided a written request for the medication. All prescription medications must have a label on the box or medication. All medications need to be in the original container, with dose, time of administration, and not expired, no more than one month of medication stored at school. One permission per medication. All medication not picked up by the last day of school will be discarded.

Student _____ DOB _____

Parent _____ Phone: _____

Name of Medicine _____

What is the medication needed for? _____

Dosage(1tsp/inhalation) _____ Strength(mg/ml) _____ Route _____

Time/s to be given _____

Parent/Legal Guardian Signature: _____ Date: _____

Nurse Signature: _____

I REQUEST THE ABOVE MEDICATION BE ADMINISTERED TO MY CHILD. An authorized employee administering the medication may require a physician's order and should the medication be modified or stopped; it is the parent/guardian's responsibility to notify the school nurse.

Physician Written Request

Condition for which medication is required _____ Date _____

Medication _____ Strength _____ Dose _____ Time _____

Physician Signature _____ Printed Physician Name _____

Special Instructions _____

____ I have instructed _____ (student's name) in the proper way to use his/her medication. It is my professional opinion that this student should be allowed to carry and self-administer the following emergency rescue medication while on school property or at a school related event.

Medication Picked by _____ Date _____