



**Rockdale ISD
Medication Permission Form**

Elementary Campus
Ph 512-430-6030
Fax 512-446-5229

Intermediate Campus
Ph 512-430-6200
Fax 512-446-3682

Junior High Campus
Ph 512-430-6100
Fax 512-446-2597

High School Campus
Ph 512-430-6140
Fax 512-446-3512

Medication Permission Slip

According to Texas State law and Rockdale Independent School District policy, all medications that are to be administered at school must comply with the following guidelines:

1. All medication given must be in the original container. This includes both prescription and over-the-counter medicines. The medication must be FDA approved with dosage information clearly marked on the container.
2. All medication must be accompanied by a dated permission slip signed by the parent/legal guardian. Over-the-counter medications will be given according to the dosage and frequency listed on the original packaging. Prescription drugs will be given as indicated on the label.
3. The over-the-counter medication may not be given more than three consecutive school days without physician's orders to do so.
4. Medications purchased in a foreign country (for example, Mexico) cannot be given.
5. No medication will be supplied by the school.

Please help us to assure the health and safety of your child by following the above guidelines.

Student:

Teacher:

Rm. #:

Medication	Dosage	Time to be given	Pill Count (if controlled)	Parent Initial/ Nurse Initial

I request that the above medications be given to my child as directed. I hereby give permission to the school nurse to contact the prescribing physician with any questions relating to the above medications.

() Child to carry empty bottle home for refill ____ (Initial)

() Medication to be discarded at the end of the school year if not picked up by parent ____ (Initial)

Parent/Guardian Signature Date

Nurse Signature Date