



South San Antonio Independent School District

Department of Health Services

LONG TERM PERMISSION REQUEST FORM

When your student's physician determines it is necessary to administer medication during the school day, the following procedures must be followed:

- 1) A parent/ guardian or responsible adult designee must bring the medication to school and give to school nurse.
- 2) All medication must be in the **PRESCRIPTION/ORIGINAL CONTAINER** clearly labeled with the student's name, the name and dose of medication, directions for administration and date, pharmacy and physician name.
- 3) Long Term Permission Request Form must be completed by the physician each school year and when there is a medication and or dose change. Prescribing physicians must be licensed to practice in the state of Texas.
- 4) Only FDA approved pharmaceuticals manufactured in the United States will be administered.

HOMEOPATHIC PREPARATIONS WILL NOT BE ACCEPTED.

- 5) **MEDICATIONS WILL NOT BE SENT HOME WITH STUDENTS.** All medication must be picked up by a parent/guardian or adult designee.

TO BE COMPLETED BY PHYSICIAN

Name of student _____ Date of Birth _____

<u>Medication</u>	<u>Dosage</u>	<u>Time of Administration</u>	<u>Duration of Treatment</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medications administered at home: _____

The following emergency measure may be required at school: _____

Anticipated significant medication side-efforts, or other important precautions include: _____

The following restrictions on physical activity are required: _____

_____ until the following date _____

Printed name of physician

Signature of physician

Telephone _____ FAX _____ Date _____

I give permission for my child to receive the above medication(s):

Parent/Guardian Signature

Telephone Number

Date