



## South San Antonio Independent School District

### Department of Health Services

#### SHORT TERM MEDICATION PERMISSION REQUEST FORM

Medication may be given for Ten days with this note. Medication that needs to be given for a longer period must be accompanied by a letter (note) from a Doctor. Long term medication forms are available from the nurse's office. **The following information is needed BEFORE medication can be given at school.**

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Teacher

<u>Name of Medication</u>	<u>Dose of Medicine</u>	<u>Medication to be given at these times</u>	<u>Number of Days</u>
#1 _____	_____	_____	_____
#2 _____	_____	_____	_____
#3 _____	_____	_____	_____
#4 _____	_____	_____	_____

COMMENTS:

X

\_\_\_\_\_  
Parent / Guardian Signature

X

\_\_\_\_\_  
Date