



**SOUTH SAN ANTONIO INDEPENDENT SCHOOL DISTRICT**

**DEPARTMENT OF STUDENT HEALTH SERVICES**

**SHORT TERM  
MEDICATION PERMISSION REQUEST FORM**

Medication may be given for **5 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.**

*\*\*Daily medication will be given at home.*

*\*\*Medication ordered twice a day can be given before the child comes to school and when the child returns home.*

*\*\*Medication ordered 3times a day can be given before school, after school and at bed time.*

*\*\*If a medication is ordered 4 times a day one dose will be given at school.*

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

\_\_\_\_\_  
Teacher

Name of Medication

Dose of Medicine

Medication to be given  
at these times

Number of Days

#1 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#2 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#3 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#4 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COMMENTS:

X

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

X

\_\_\_\_\_  
Date