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 WIL NOT BE SENT HOME WITH STUDENTS.** All medication must be picked up by a parent/guardian or adult designee.

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TO BE COMPLETED BY PHYSICIAN

Name of student_____ Date of Birth _____

Medication	Dosage	Time of Administration	Duration of Treatment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**

HS-8/10