

COMMERCE INDEPENDENT SCHOOL DISTRICT

HEALTH SERVICES

Permission to Administer Medication at School

Note to Parents/Guardians:

Commerce ISD requires that all students who need medication administered during school hours comply by the following:

- 1. Present a written consent form signed by the parent/ legal guardian AND doctor.
2. Prescription medication must be in the original container and properly labeled by pharmacy. Over the counter medication must be brand new with seal intact.
3. Parent/ guardian must bring/ pick up medications from school. Students may not bring medications to school. No expired medication will be accepted.

Student's Name _____ Date of Birth _____

School _____ Grade _____ Teacher _____

TO BE COMPLETED BY PHYSICIAN

Name of Medication _____

Size of tablet (in mg) _____ or if liquid (mg/tsp) _____

Dose to be given at school _____

Specific time to be given at school _____ at home _____

Start date: _____ End date: _____

Are there any restrictions? Yes or No If yes, what and how long? _____

Printed name of physician

Signature of physician

Date

TO BE COMPLETED BY PARENT

I, _____, give my permission for the above named child to receive the above named medication.

Parent's signature

Phone number

Date