



1400 North Brazos Street  
Whitney, Texas 76692  
Phone (254) 694-3457

## Prescription Medication Administration Form

*Below must be completed by the physician and signed parent/guardian:*

I hereby order the administration of the following medicine in the dosage described/labeled and at the time indicated below to:

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Times of administration: \_\_\_\_\_

Duration of therapy: \_\_\_\_\_

Physician Name (Print): \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received By/Date medication received at school: \_\_\_\_\_

*\*Under no circumstances should a student have a prescription or over the counter medication in their backpack/purse unless the nurse has an order from a physician. (ex. Inhaler or epi pen) Medication should be brought to the office immediately upon arrival at school. Disciplinary consequences may occur if students have medications that are not signed in to nurse. Many prescription medications are narcotics and can be dangerous to other students.*

Principal: Kendra Hensley  
Athletic Director: David Haynes

Dean of Students: Alex Richters  
Counselors: Kathy Auten  
Jody Ferguson