



MEDICATION PERMISSION FORM

Name: _____ School: _____ Grade: _____

School Phone: _____ Fax: _____ Nurse: _____

Condition for which medication is to be given at school and administration instructions:

List all medications or therapies to be used for this condition. Use an additional form for other conditions

Medication	Route	Dose	Times
1.			
2.			
3.			
4.			

Physician Signature _____ Print Name: _____

Telephone number: _____ FAX: _____ Date: _____

Valid for this school year only. Non-prescription medication cannot be given as need or after 10 doses for district approved medications without a physician's order.

I request and authorize the Carrollton-Farmers Branch I.S.D. to administer the above medication as prescribed. I understand that the school administrator may designate any qualified person or persons to administer this medication per Texas Education Code, Section 22.052.

Parent-provided nonprescription medication from the district-approved list may be given up to 10 times with no physician signature. District-approved nonprescription medications will not be administered in dosages higher than the label recommends for age, or for indications the medication is not FDA-approved for in children and adolescents.

District-approved nonprescription medication list:

- Benadryl (diphenhydramine)
- Acetaminophen (Tylenol)
- Ibuprofen (Advil, Motrin)
- Cough drops/lozenges

I also authorize the school's registered nurse to consult with the prescribing physician to clarify this medication order, or in the interest of the student's health, to discuss his/her response to the prescribed medication as required by Texas Nurse Practice Act.

Per district policy, out of state prescriptions may be accepted for up to 30 days for students that have recently moved to Texas, while the student is in the process of establishing care with a Texas physician.

PARENT/LEGAL GUARDIAN SIGNATURE:

DAY TELEPHONE (S): _____ DATE: _____