

Request Authorization for Administration of Medication by School Personnel

The Lumberton ISD requires physician written order and the parent/guardian’s authorization for a nurse to administer medications or, in her absence, designated staff to administer medications. Medications must be in pharmacy-prepared containers and labeled with the name of student, name of drug, strength, dosage, frequency, name of physician, date of original prescription.

PHYSICIAN ORDER:

Name of Student _____ Date _____

Grade _____ Date of Birth _____

Condition for which the drug is needed to be administered during school hours:

Drug (name, dose, and method of administration:

Time of administration: _____

Medication shall be administered from _____ to _____

Relevant side effects to be observed, if any:

If there are side effects, plan for management:

(Physician’s Signature) _____ M.D.

Authorization by parent/guardian for administration of above medication by school personnel:

To School Personnel: I request that the above medication, ordered by the physician for

my child, _____, be administered by school personnel. I understand that I must supply the school with prescribed medication in the original container dispensed and properly labeled by a pharmacist and will provide no more than 5 school day supply. I understand that this medication will be destroyed if it is not picked up within one week following termination of the order or one week beyond the close of school.

Parent/Guardian signature _____ Date _____

Phone _____ Relationship to Child _____