



CONSENT FOR MEDICATION ADMINISTRATION

San Benito CISD requires that all students who need medication to be administered on school grounds must adhere to the following:

1. Provide written consent form signed by parent/guardian and physician.
2. For prescription medications - parent/guardian must bring medication in the original prescription bottle, properly labeled by a registered pharmacist as prescribed by law.
3. For over-the-counter medications – parent/guardian must bring medication in the original container.
4. If the medication is expired, the medication will not be accepted.
5. Medications from another country or prescribed by a physician from another country will not be accepted.

Student's Name: _____

Date of Birth: _____

School/campus: _____

Grade: _____

TO BE COMPLETED BY PHYSICIAN

Medical condition/diagnosis: _____

Medication: _____	Medication: _____
Dosage: _____	Dosage: _____
Time to be administered: _____	Time to be administered: _____
Duration (length of time needed): _____	Duration (length of time needed): _____

Does student require any restrictions? Yes OR No If yes, what restrictions and for how long? _____

Other instructions/comments: _____

May child self-administer medications at school? Yes OR No

Physicians' Signature

Printed name of physician

Date

TO BE COMPLETED BY PARENT

I, _____, give permission for my child, _____, to receive the above medication(s) as prescribed by his/her physician and to self-administer medication(s), if indicated by the physician. In the absence of the school nurse, I consent to a health aide or trained campus staff member to administer the medication to my child.

Parent/Guardian Signature

Printed name of parent/guardian

Date