

***Friendswood I.S.D. Health Services***  
***Parent Request for Administering Medication***

Date: \_\_\_\_\_ Student Grade/Homeroom: \_\_\_\_\_

Allergies: \_\_\_\_\_

I request Friendswood I.S.D. personnel to give my child (**Child's name**) \_\_\_\_\_  
the following medication (**name of medication**) \_\_\_\_\_

Dose: \_\_\_\_\_ Time: \_\_\_\_\_ Reason: \_\_\_\_\_

Route: \_\_\_\_\_ Dates to give medication: \_\_\_\_\_

**For prescription medication:**

**# of pills sent in by parent/guardian:** \_\_\_\_\_ **# of pills received by school personnel:** \_\_\_\_\_

Received by: \_\_\_\_\_ Witness: \_\_\_\_\_

I understand that:

- The medication is to be furnished by me and brought to the clinic in the original container labeled with the child's name, name of medication and directions for the time and dosage. The physician's name must be on prescription medication.
- If at all possible, medication will be delivered and picked up by an adult in the case of younger students.
- If there are questions regarding the medication, the prescribing physician will be contacted for diagnosis and clarification. Parents will be notified and informed about the communication with the physician.
- The school nurse has the right to inform my child's educators on a need to know basis that my child is on this medication unless notified otherwise in writing.
- Medication may not be given at the exact time requested due to class scheduling. **Students are responsible to come to the clinic and get their own medication at the appropriate time (age appropriate).**
- Medication remaining at the end of the school year shall be sent home. Any medication not claimed shall be discarded as recommended by appropriate guidelines. Non FDA approved medications, vitamins or herbal supplements will not be given unless the student has an IEP or 504 with a physician's (MD, DO, NP, PA) order for the medication to be given at school.
  
- Parent or Guardian acknowledges and consents to all of the above.

Guardian Signature : \_\_\_\_\_ Relation: \_\_\_\_\_

Date: \_\_\_\_\_

Note: If the medication you request school personnel to administer is deemed excessive or otherwise potentially harmful to the student, medication will not be given and you will be notified of this decision. Injectable medication such as insulin and treatment for allergic reactions will be given only with a physician's written order.