Parent Request for Administration of Over-the-Counter Medication in School

Student Name: _____ Date of Birth: _____

Student ID #: _____ Allergies: _____

Campus Name: _____

This form is only valid for the current school year. A new form must be submitted with each request.

Houston ISD Health and Medical Services require the following:

- Over the counter medication must be presented to the nurse in the original manufacturer's packaging, new or unopened container and unexpired, and will only be administered in accordance with manufacturer's guidelines that are age/weight appropriate for the student.
- A written request to administer medication dated for the current school year and signed by the parent/legal guardian or other person(s) having legal authority of the student.
- Parents/Guardians of students requesting daily medication administration for more than 10 school days or requesting medication more frequently than manufacturer's guidelines will be referred to their doctor for reevaluation.
- I Understand that the principal may designate a trained Houston ISD staff to administer medication(s).

My signature below indicates that I request HISD staff or contracted outside nursing agency staff to administer the medication specified to my child, and I am giving permission for HISD staff or contracted outside agency staff to contact the parent/guardian for additional information, if needed.

Medication _____ Strength _____ Dose _____

Frequency _____ As needed_____ or Scheduled time: _____

Start date to be given: _____ End date to be given: _____

Number of pills or tablets _____ Expiration date of medication _____

Reason student is receiving medication: _____

Possible reactions or restrictions: _____

Parent Signature: _____

Cell Phone: _____ Date: _____