Krum Independent School District

1200 Bobcat Blvd. • Krum, TX 76249 • 940-482-6000 • 940-482-3929 (fax) • www.krumisd.net

Parent/Physician Request for Administration of Medication by School Personnel Form

Request Date		Medicine Start Date		Medicine End Date	
Student's Name				Grade	
Condition (or signs/symptoms) for which medication is required.					
Name of Medication and Exact Dosage					
Time(s) to be given at school					
If given on an as-needed basis, indicate the shortest intervals between doses				Maximum number of doses per school day	
Special Instructions					
Physician's Name		Physicians Phone			
I, the undersigned parent/guardian of the student named above, request the above medication to be administered to my child. I also give permission to my child's teacher/coach/approved district employee to administer the same medication as prescribed above during field trips or other school activities this school year. I agree to hold harmless the school district and its employees for any consequences of this medication or treatment.					
Parent/Guardian's Signature					
Home Phone		Work or Other Phone			
Physician's Signature*					
Physician's Phone		Physician's Fax			

***A properly labeled prescription container will be accepted as proof of a physician's order.**