CISD HEALTH SERVICES

# MEDICATION PERMISSION FORM

In compliance with the Texas Education Code 22.052, the following form must be completed when it is necessary for a student to take any medicine at school. Only those medications that **MUST** be taken during the school day should be sent to school. Most medications that are needed up to three times a day can be given at home and should **NOT** be sent to school.

Medications are to be kept in the school office and MUST be in the **ORIGINAL, LABELED** container. All prescription and non-prescription medications brought on campus by students must be turned in to the school office. No student is to carry **ANY** medication unless written authorization from the student's physician has been received.

The instructions on the label of prescription medication bottles and written directions given to the school by the parent and doctor **MUST BE THE SAME** before the medication can be given at school.

## TO BE COMPLETED BY PARENT/GUARDIAN:

I request the administration of the following medicine:

Student: _____ Teacher/Grade: _____

Name of medication: _____

Amount* of medication to be give: _____ Time(s) medication is to be given: _____

How to take medication (mouth, inhaler, topical, etc.): _____

Date(s) ** medication is to be given: _____

Parent/Guardian signature: _____ Date: _____

*Any over-the-counter medication given will **NOT** exceed the manufacturer's suggested dosage unless it is accompanied by a doctor's written statement.

**Any medication to be taken over ten (10) consecutive school days **MUST** have a doctor's statement **AND** written request from the parent/guardian.

## TO BE COMPLETED BY THE PHYSICIAN:

I hereby order administration of the following medication as directed below:

Name of medication: _____

Instructions for administration: _____

Duration of therapy: _____

Physician's signature: _____

Date received at school: _____ By: _____

CISD HEALTH SERVICES

# MEDICATION PERMISSION FORM

En conformidad con el Código de la Educación de Tejas 22,052, la forma siguiente debe ser completada cuando es necesario para un estudiante tome cualquier medicina al colegio. Sólo esas medicinas que **DEBEN** ser tomadas durante el día lectivo deben ser enviadas a la escuela. La mayoría de las medicinas que son necesitadas hasta pueden ser dadas tres veces al día en casa y **NO** deben ser enviadas a la escuela.

Las medicinas son de ser mantenidas en la oficina de la escuela y **DEBEN ESTAR** en el **ENVASE Y ETIQUETA ORIGINAL**. Toda la prescripción y las medicinas sin receta causaron campus por estudiantes debe ser girado en a la oficina de la escuela. Ningún estudiante es de llevar **CUALQUIER** medicina a menos que autorización escrito del médico del estudiante haya sido recibida.

Las instrucciones en la etiqueta de botellas de medicina de prescripción y direcciones escritos dados a la escuela por el padre y el médico **DEBEN SER EL MISMO** antes que la medicina pueda ser dada al colegio.

## SER COMPLETADO POR PADRE/GUARDIAN:

Solicito la administración de la medicina siguiente:

Nombre del estudiante: _____ Maestro/Grado: _____

Nombre del medicamento: _____

Cantidad* de medicamento a darse: _____Horas a darse el medicamento: _____

Como tomar el medicamento (por boca, por inhalador, etc.): _____

Fecha: _____

Parent/Guardian signature: _____Date:_____

*Any over-the-counter medication given will **NOT** exceed the manufacturer's suggested dosage unless it is accompanied by a doctor's written statement.

**Any medication to be taken over ten (10) consecutive school days **MUST** have a doctor's statement **AND** written request from the parent/guardian.

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## TO BE COMPLETED BY THE PHYSICIAN:

I hereby order administration of the following medication as directed below:

Name of medication: _____

Instructions for administration: _____

Duration of therapy: _____

Physician's signature: _____

Date received at school: _____By: _____