Lewisville ISD Health Services

Med Expires:

Weight (if needed): ____

Parent Request for Administration of Medication by School Personnel **SECONDARY**

picture	

Name _____ Teacher/Grade _____

- Only medications that cannot be given outside the school hours will be administered.
- All medications must be in the original, current, properly labeled container with clear and legible instructions.
- Prescription labels must include: brand/generic name of drug, strength, manufacturer, pharmacy address, name of student and prescribing physician, date dispensed, expiration date of drug, and clear instructions for use, including specific times to be given.
- All medications to be administered at school must be EDA approved. Supplements, berbals, vitamins, homeopathic, and other

Condition for which medic	ation is required:							
Does your child take this me	edication at home? YES D NO What Time:				Only as needed			
Instructions/Indications for u	se:							
	Medication		Dose	Route	Time or Freq.	Daily or As Needed	Start Date	Stop Date
Texas). If the consent for the n school personnel to administer be responsible to visit the healt Parent Initials Parent Initials	the prescribed medica h room for his/her med Unused medic discontinued	tions. I understand	a reasonal ons. This fo d up at th of proper	ole attempt orm is valid to the end of the e	will be made to for one school the school y	remind the stude year. rear or within fiv	nt, but the st	tudent will being
			•	·				
Parent/Guardian Signature _				Printed Na	ame			
Day Phone Number		Email				Dat	te/	
 Prescription label 	quired under the formedications given medications given medicate the does not match the es or off-label prescripts.	nore than 5 school parent request or i	days.	the above	required info	rmation.		
Physician Signature*					ame			
*Physician must be licensed to practi	ce in Texas. Temporary (2 r	months) orders for out of s	state US Phys	sicians are acc	ceptable for transfe	rring students.		
Data	Office Number				av Numbar			

kg Nurse's Notes: