

**Lewisville Independent School District
Health Services**

Parent/Guardian Permission to Carry Meds at Secondary School

Secondary students may carry over the counter medications (Tylenol, ibuprofen, Midol, etc.) and some prescription medications (ex. antibiotics.) To do so, they need to:

1. Keep the medication in the original container.
2. Carry a written note from the parent/guardian naming the medication(s) and instruction for its use. The note should include; date, parent/guardian signature and phone number. You may use the permission form below.
3. **DO NOT SHARE MEDICATION(S) with anyone!!**

In order to carry **INHALERS, EPI-PENS and DIABETIC SUPPLIES**, you must submit a Medication Self Carry Agreement completed by the parent/guardian and doctor. These forms are available from your school nurse and on the Lewisville ISD Health Services website.

Students may NOT carry controlled substances at any time. All controlled substances, including behavior modification drugs, **must be kept and administered by the school nurse.** If your child requires this medication at school, please contact your nurse for the appropriate forms. Thank you.



Cut on line and give below to student

Medication Permission Form

Date _____

I, _____ (parent/guardian) give permission for
_____ (student) to carry and
take _____ (medication name). S/he may take _____ (quantity)
every _____ hours, for the following symptoms _____
_____. Start date _____ End date _____

Please list all other medications s/he currently takes _____.

I have discussed the following with my student:

- Why, when and how to take this medication.
- The side effects of this medication.
- The districts medication policy on NOT SHARING MEDICATION WITH OTHERS.

_____ Parent/Guardian Signature

Day Contact Phone Number _____