

**Lewisville Independent School District  
Health Services**

**Parent/Guardian Permission to Carry Medication at Middle or High School**

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

1. Keep the medication in the original container.
2. Have their first and last name on the container.
3. Carry a written note from their parent/guardian naming the medication(s) and instructions for use. The note should include; date, parent/guardian signature and phone number. You may use the form below.
4. **STUDENT WILL NOT SHARE MEDICATION(S) with anyone!!!**

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

**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.



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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:

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

\_\_\_\_\_ Parent/Guardian Signature

Day Contact Phone Number \_\_\_\_\_