

WILLS POINT INDEPENDENT SCHOOL DISTRICT
HEALTH SERVICES

PARENT/PHYSICIAN REQUEST FOR ADMINISTRATION OF
MEDICATION BY SCHOOL PERSONNEL

Requests for the administration of medications by school personnel may be made as follows:

1. Medication cannot be given outside the school day. Prescriptions can be written so that doses are not necessary during school hours. A medication ordered three times a day should be given every eight hours (before school, after school, and at bedtime).
2. Regularly scheduled (daily) medications require physician's request to administer.
3. Non-prescription medications require a physician's request to continue after 10 calendar days.
4. Medication must be FDA approved, in the original container and properly labeled. Parents may request that the pharmacist dispense two bottles of medication, one for home and one for school use. A 2nd bottle will be needed at school for scheduled field trips.
5. All medications brought to school should be counted by the parent and school nurse. Parents unable to bring the medication to school to be counted may send a dated, signed note verifying the number of the medication sent.
6. Medications should be picked up by parents. Medications will not be sent home with students unless written parental authorization is received.
7. A new order with parental authorization is required for any change in medication dosing.

Student's Name _____ DOB _____ Grade _____

Address _____ School _____

Condition for which medication is required _____

Medication _____ Dosage _____ Frequency _____

Route of Administration _____ Time/s to be given at School _____

Precautions, unfavorable reactions _____

Date of request _____ Date of termination _____
(*Termination Date is required. Maximum length is current school year.)

Physician's Name (printed) _____ Signature _____

Physician's Address _____ Telephone Number _____ Fax Number _____

I hereby give permission for my child to receive medication at school as prescribed by my child's doctor.

I give permission for my child to transport unused medications home.
 I will pick up unused medications. Number medication (tabs/caps) sent _____

Parent/Guardian Name (printed) _____ Signature _____ Date _____

Home Telephone Number _____ Work Telephone Number _____

Return form to: Felicia Brinkley, RN 903-873-5154 903-873-6008
School Nurse Phone Fax

SH-708 (Rev 1-2014)

Healthy Students are Better Learners.

Wills Point Independent School District does not discriminate against any student, employee or applicant for employment because of race, color, religion, gender, national origin, age, disability, pregnancy, military status, genetic information, political information, or on any other basis prohibited by law. Employment decisions will be made on the basis of each applicant's job qualifications, experience, and abilities.