

WILLS POINT INDEPENDENT SCHOOL DISTRICT
HEALTH SERVICES

PARENT'S REQUEST FOR SHORT-TERM MEDICATIONS

ONLY MEDICATION THAT CANNOT BE SCHEDULED OTHER THAN SCHOOL HOURS MAY BE GIVEN. A medication needed three times a day should be given every eight hours (in the morning, after school, and at bedtime). All medications must be FDA approved, in the original container, and properly labeled. All prescription medication must have the pharmacist's label attached. Parents may request that the pharmacist dispense two bottles of medication, one for home and one for school use. Please send only the amount of medication needed while at school. To continue taking an over-the-counter medication after 10 calendar days, a Physician/Parent Request, form SH-708, must be completed. Prescription meds required for more than 10 days also require physician orders.

REQUESTING PRESCRIPTION MEDICATION:

Name _____ Grade _____ DOB _____
Name of Med _____ Dosage (# tabs) _____ Date filled _____
Time/s Required at school _____ #Days to be given at school _____
Number medication sent to school _____ Rx# _____ Name of Dr. _____

REQUESTING NON-PRESCRIPTION OVER-THE-COUNTER MEDICATION:

Name _____ Grade _____ DOB _____
Name of Med _____ Dosage (# tabs) _____
Time/s Required at school _____ #Days to be given at school _____
Number medication sent to school _____ (The number tabs/caps must be provided by parent.)

NOTE: It is the student's responsibility to inform school personnel when it is time for his medication. Authorized district personnel may administer medication in the absence of the school nurse. It shall be the responsibility of the parent to take unused medication home. Unused medication left in the School Nurse's Clinic for 2 weeks after the last authorized dosing will be destroyed.

I give permission for my child to transport unused medications home.
 I will pick up unused medications.

Parent/Guardian Name (printed) Signature Date

Home Telephone Number Work Telephone Number Cell Number

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

SH-705 (Rev 10-02)

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.