



New Summerfield Independent School District
13307 HWY 110 South
New Summerfield, TX 75780

Parent's Request for Medication at School

Student Name:	Last	First	Middle	Grade/Teacher
Name of Medication:				
Time to be given:				
Amount to be given:				
Reason Medication is being given: <u>Note:</u> Please note if this is an "as needed" medication here. (ex. Tylenol for headaches, as needed during the school year)				
Start Date:		End Date:		
Number of pills/capsules/vials/etc. that you are sending to school:				
<p>Please send only amount of medication that student will need to take at school in properly labeled, original container, so that student will not be required to carry medications back and forth from home to school.</p> <p>All medication, including over the counter drugs, should be delivered to the nurse's office. It must be in the original container and be properly labeled with your child's name. Prescription drugs and/or samples from the doctor must be labeled with the student's name, dosage to be administered, and the physician's name, date the prescription was filled and the name of the medicine. The school will not administer any type of medication that is not FDA approved. Please note that no over the counter medications of any kind will be administered more than 10 consecutive days without a doctor's order.</p> <p>I, the parent/guardian, authorize NSISD to assist our child in taking oral medication and agree that we will not hold liable any member of the school staff or individual of official capacity who is directed by myself, the parent/guardian, and the school administrator to assist our child in taking said oral medication.</p>				
Parent/Guardian Signature:				Date:
Home Telephone Number:	Work Telephone Number:		RN Review:	