

SMYER ISD

PERMISSION TO ADMINISTER PRESCRIPTION MEDICATIONS

STUDENT'S NAME: _____ AGE: _____ GRADE: _____

HOME ROOM TEACHER: _____ DATE OF BIRTH: _____

NAME OF MEDICATION: _____ DOSAGE: _____

TIME TO BE GIVEN: _____ MEDICATION ALLERGIES? _____

ROUTE: (Please circle one) BY MOUTH INHALED TOPICAL NEBULIZER

POSSIBLE REACTIONS TO THE MEDICATION: _____

NOTES:

- ❖ Prescription medication will not be given without a signed written note. If your child brings medication without a note, an attempt will be made to reach a parent. If a parent cannot be reached, that medication will not be given.
- ❖ Medication will not be given if medication has expired.
- ❖ Student's medications on field trips will be given by their homeroom teachers or delegated at their principal's discretion.
- ❖ Prescription medication must be properly labeled with that student's name and in the original bottle. (For example: I cannot give a brother's medication to his sister).
- ❖ Parental consent will be renewed each school year, or if medication dosing changes.
- ❖ Signing this consent form releases school personnel from liability should reactions result from this medication.

PARENT/GUARDIAN SIGNATURE

DATE

CONTACT NAME/NUMBER FOR EMERGENCIES

CONTACT NAME/NUMBER FOR EMERGENCIES

SUMMER STRACENER, RN

PHONE: 806.234.2935 Ext. 108

SCHOOL NURSE

FAX: 806.234.2411