

LaGrange Independent School District
Health Services Department
Medication Permission Form

If it is necessary for your child to receive medication during school hours, the school MUST RECEIVE A WRITTEN REQUEST TO ADMINISTER the medication from the parent, legal guardian, or other person having legal control of the student.

All medication must be in the original container and be properly labeled. Medicine from a doctor must be in a prescription bottle or accompanied by a note from a physician stating how to administer.

Inhalers and daily medication that are prescribed must be accompanied by a physician order.

Please Notice: LaGrange ISD Health Clinic does not provide any type of medication.

Elementary Clinic Number	979-968-7017	Elementary Fax Number	979-968-6327
Middle School Clinic	979-968-4747	Middle School Fax Number	979-968-6012
High School Clinic	979-968-4800	High School Fax Number	979-968-6744

Student _____ **DOB** _____ **Grade** _____

Medication _____ Dose/Amt. _____ Time _____

Medication _____ Dose/Amt. _____ Time _____

Medication _____ Dose/Amt. _____ Time _____

Medication _____ Dose/Amt. _____ Time _____

How long is the student to receive this medicine at school?

Daily _____ Days _____ Weeks _____ As Needed _____ Other _____

Reason student is receiving medication (cough, pain, headache) _____

I give La Grange Independent School District Permission to administer the above named medications as directed.

Parent/Guardian Signature _____ Date _____

Telephone: Home _____ Work _____ Other _____

Prescription Medication Only:

_____ **I confirm that this student is capable of self-administering the prescribed inhaler/epi-pen**

_____ **I DO NOT recommend that this student be allowed to self-carry and administer the prescribed inhaler/Epi-pen medication.**

Physician's Signature _____ Date _____

Phone Number _____