

Medication Request Form

Lubbock-Cooper ISD

Student's Name: _____ DOB: _____ Allergies: _____

Date of Request: _____ School: _____ Teacher/Grade: _____

Condition for which medication is given, side effects for child, special instructions, pertinent information:

MEDICATION	DOSE Ex: 2 tabs	Short Term Med: Start & End Date	INITIAL DOSE OF NEW MEDICATION?	TIME(S) TO BE GIVEN AT SCHOOL Ex: As Needed, Lunch, 3:00 PM
1.			YES <input type="checkbox"/> NO <input type="checkbox"/>	
2.			YES <input type="checkbox"/> NO <input type="checkbox"/>	
3.			YES <input type="checkbox"/> NO <input type="checkbox"/>	

_____ Initial to give permission for morning dose to be provided by nurse's office if missed at home.
Morning dosing instructions: _____

_____ Initial to give permission for student to transport medication home at the end of the school year.
** Specific arrangements must be made for controlled substances*

ALL MEDICATION REMAINING IN THE NURSE'S OFFICE WILL BE DISPOSED OF AT THE END OF THE YEAR.

When it is necessary for a student to receive medication during the school day:

- Parents/guardians must provide all medications.
- All medication must be in the **original container**, clearly labeled with the student's name, the dosage and/or age appropriate dose of medication, and directions for administration.
- The Medication Request Form must be completed each school year and when there are any changes to the original request including a medication and/or dose change.
- Over-the-counter medication will be given for no more than 10 consecutive days. After that, an order from the student's physician may be required.
- Only FDA-approved pharmaceuticals (prescription and non-prescription) manufactured within the United States will be administered. Related IEP or 504 plan accommodations must be in place in order for substances not approved by the FDA to be administered to students at school.
- Parents/guardians are strongly encouraged to pick up all medication immediately after it is discontinued.
- Nurse's office cannot accept or administer expired medication. Medication will be returned to parent or disposed of if expires during the school year.

If it is necessary for your child to carry controlled, expensive, or life saving medications to school, please notify the nurse's office prior to sending. Lubbock-Cooper will not be responsible for medications in transit. Lubbock-Cooper encourages parents to bring all controlled substances to school and not allow young children to carry these medications.

PHYSICIAN'S NAME: _____ PHONE: _____

My signature below indicates that I request that LCISD staff administer the medication specified above to my child, and I am giving my permission for LCISD staff to contact the physician for additional information, if needed. I agree to not hold the school nurse, school employee, and the school district responsible for any consequences which might result in the implementation of this request and authorization.

PARENT/GUARDIAN NAME _____ SIGNATURE: _____

PHONE (Home): _____ (Work): _____ (Cell): _____