Medication Authorization

		Date
shall be administered only when the Medications that are administered	he student's health requ at school must be in a ident's parent is require	pensing medication in school is that medications uires that they be given during school hours. properly labeled contained or prescribed bottle. Ed. Medications will be kept in a locked cabinet in supervision of the school nurse.
Sincerely,		
Jaclyn, Street, RN 806-995-4285 Anna Stribling, RN 806-995-4057 Tulia I.S.D. School Nurses Phone		
The following form should be com	npleted and returned to	the school nurse by the parent.
	is to receive	
Patient's name		Medication and dosage
atfor the treatme	ent of	
POSSIBLE SIDE EFFECTS:		
ESTIMATED TERMINATION D	DATE:	
	Address:	
	Telephone	
I hereby give my permission for n physician:	ny child to receive med	lication at school as prescribed by my child's
Date	Signature	Parent/Guardian

NOTE: Medication to be supplied in original prescription bottle. Ask your pharmacist for the medication to be divided into two bottles completely labeled; one for home and one for school.