

**NACOGDOCHES INDEPENDENT SCHOOL DISTRICT  
DISTRITO ESCOLAR INDEPENDIENTE DE NACOGDOCHES**

**Office of School Nurse**

**Parent Permission for School to Administer Medication**

**This permission form allows the school to administer the following medication(s) to your child at the designated times:**

**Oficina de la enfermera escolar**

**Permiso de los Padres Para que La Escuela pueda Administrar Medicamento:**

**Esta forma permite a la escuela dar los siguientes medicamento(s) a su hijo/hija en las horas designados:**

\_\_\_\_\_  
**Student's Name/Nombre del Estudiante**

\_\_\_\_\_  
**Teacher/Maestro/Maestra**

**Medication**

**Amount**

**Time to administer**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Printed Parent's Name/Nombre Impreso del Padre**

\_\_\_\_\_  
**Parent's Signature/Firma del Padre**

\_\_\_\_\_  
**Date/Fecha**

\_\_\_\_\_  
**Daytime Phone number/Telefono de dia**

# NACOGDOCHES ISD - MEDICATION ADMINISTRATION RECORD

SCHOOL YEAR 2015-20

NAME: \_\_\_\_\_ TEACHER/GRADE: \_\_\_\_\_ MEDICATION START DATE: \_\_\_\_\_

MEDICATION: \_\_\_\_\_ DOSAGE: \_\_\_\_\_ TIME TO BE GIVEN: \_\_\_\_\_

MEDICAL DIAGNOSIS: \_\_\_\_\_ PHYSICIAN: \_\_\_\_\_

CHANGES: DATE: \_\_\_\_\_ STRENGTH: \_\_\_\_\_ DOSAGE: \_\_\_\_\_ TIME TO BE GIVEN: \_\_\_\_\_

SIDE EFFECTS: \_\_\_\_\_

CODES:	A - ABSENT					N - NO SHOW					O - OUT OF MEDICINE					Date	# of Pills	Initials																		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15				16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
August																																				
September																																				
October																																				
November																																				
December																																				
January																																				
February																																				
March																																				
April																																				
May																																				
June																																				

NAME: \_\_\_\_\_ INITIALS: \_\_\_\_\_ NAME: \_\_\_\_\_ INITIALS: \_\_\_\_\_

NAME: \_\_\_\_\_ INITIALS: \_\_\_\_\_ NAME: \_\_\_\_\_ INITIALS: \_\_\_\_\_

Parents Phone - Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_