

Pawnee Independent School District

PO Box 569

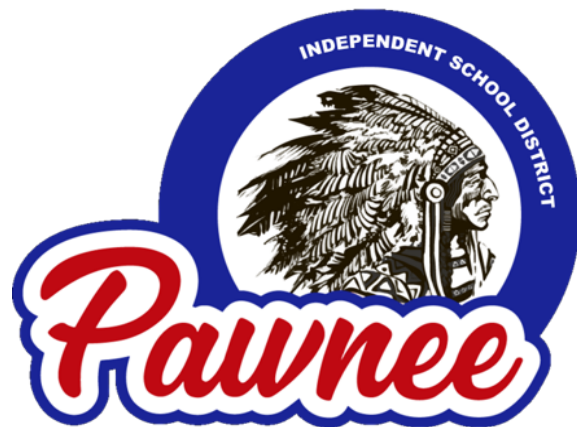
Pawnee, Texas 78145

Phone 361-456-7256 fax 361-456-7388

www.pawneeisd.net

Chad Kelly, Superintendent

Raymond Robinson, Principal



NONPRESCRIPTION MEDICATION PERMIT/PARENT PERMISSION

Name of Student _____ DOB _____ Grade _____

Address _____

Parent/Guardian's Name _____ Phone Number _____

School Policy requires that all students who need medication during school hours must do the following:

1. All medicine (prescription and over the counter) must be provided by the parent.
2. Prescription medications must be in the original container with appropriate labeling.
3. If medication is to be given at school, it must be accompanied by a note signed by a parent giving authorized school personnel directions for its administration (time and dosage). **If a non-prescribed medication is to be given at school for more than 10 days, it must be accompanied by a written request, signed and dated by the prescribing physician and the parent requesting the service.**
4. All medications will be stored and dispensed by a school nurse or by a non-health professional designated by the principal.
5. All medication is to be brought to and kept in the school nurse's office or school office.

TO BE COMPLETED BY PARENT/GUARDIAN

I give permission for my child to receive the following medications at school as directed.

Name of Medication _____

Dosage _____ Time to be given _____ Length of time _____

Reason medication may be given _____

Parent Signature _____ Date _____