TYLER INDEPENDENT SCHOOL DISTRICT

Parent/Physician Request for
Administration of Medication by School Personnel

Medication may be administered by school personnel as follows:

1. When such treatment cannot be accomplished except during school hours
2. On receipt of this completed form along with the medication
3. Prescribed by a physician/dentist and in the original container with the pharmacy label---please request the pharmacist to dispense two labeled bottles of medication---one for home and one for school

Date of Request:_____   Student ID #_____

School:_____   Teacher/Grade:_____

Student's Name: _____   Birth date:_____

Medication:_____Exp.Date_____Dosage:_____

Is this the initial dose of a new medication that has not been previously administered to your child?   YES   NO

Time to be Administered:_____ Dates to be administered:_____

Date of Termination:_____   Known drug allergies:_____

Condition for which medication is required:_____

Special Instructions/Precautions/Side Effects of Medication:_____

Physician's Name:_____   Phone:_____

*Physician's Signature:_____

My signature below indicates that I request that TISD staff administer the medication specified above to my child, and I am giving permission for TISD staff to contact the physician for additional information, if needed. I also give my permission for information regarding this medication to be shared with school personnel on a need-to-know basis.

I understand that parents are to pick-up all medications by 3:00 on the last day of classes and that all medications remaining after that time will be discarded.

Parent/Guardian Signature:_____   E-mail:_____

Parent's Home Phone:_____   Work Phone:_____

Physician's signature is required to administer over-the-counter medications.   *Only a 30-day supply of medication*
The prescription label on prescription medications will serve as the physician signature.   *will be accepted at a time.*

FOR OFFICE USE ONLY

Medication Count:

DATE	# PILLS	COUNTER SIGNATURE	WITNESS SIGNATURE		DATE	# PILLS	COUNTER SIGNATURE	WITNESS SIGNATURE