

## Veribest ISD Medication Request & Administration Form

Dear Parent or Guardian:

To comply with Texas State Law, the following restrictions apply to the taking of medication by students while at school:

1. All medicine is to be brought to and kept in the school nurse's office.
2. Prescription and non-prescription medicine must be in the original container.  
Prescription medicine must be in a container with the pharmacy label for that student.
3. If prescription or non-prescription medicine must be given during the school day, it must be accompanied by a note signed by a parent or guardian giving authorized school personnel directions for its administration (time and dosage).
4. School personnel will not give any medicine, including Tylenol, unless it is provided by you, in the appropriate manner as stated above.

These restrictions are necessary for protection of the health and safety of your child. We will appreciate your cooperation in this matter.

Sincerely yours,

\_\_\_\_\_  
School Nurse

\_\_\_\_\_  
Phone Number

I request that my child, \_\_\_\_\_, be given the following medication at school. I agree to comply with school policy regarding the administration of medication and understand that school personnel have the right to refuse to give medication at school if the medication policy is not followed.

Use this form only if you will be sending medication to be kept at school. **Veribest ISD personnel do not keep medications on hand to be given to students. Medication must be sent from home in the original container according to medication policy.**

Name of medication: \_\_\_\_\_

Dose to be given: \_\_\_\_\_

To be given DAILY or "AS NEEDED" (circle one)

Time for medication to be given: \_\_\_\_\_

How often "AS NEEDED" medication can be given: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

How long medication should be continued: \_\_\_\_\_

Other instructions: \_\_\_\_\_

Allergies: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

|    | AUG | SEPT | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY |
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Nurse Signature/Initials: \_\_\_\_\_  
Nurse Signature/Initials: \_\_\_\_\_  
Nurse Signature/Initials: \_\_\_\_\_  
Nurse Signature/Initials: \_\_\_\_\_

**CODES**  
H-Holiday                      F-Field Trip  
A-Absent                        ER-Early Release  
N-None Available              W-Dose Withheld  
NS-No Show                    /-Weekend