

Student's Last Name
Grade

First Name

Drug Allergies

Sam Rayburn Independent School District
Ivanhoe, Texas

PERMISSION TO ADMINISTER MEDICATION

The school follows state guidelines and mandates with regard to administering medication to students. Only the school district's delegated employees will administer medication to students. For the school to administer over-the-counter and/or prescription medication to a student, the following procedure must be followed:

1. Parent, legal guardian, or other person having legal control of the student must fill out a Permission to Administer Medication Form.
2. For student safety, **all medication is to be brought directly to the school office.** Medications **are not** provided by the school.
3. **All medication** must be in its original, properly labeled container with the child's name, dosage, frequency, duration of use and expiration date.
4. **No medication** can be sent in a child's lunch box. This includes vitamins, aspirin, cough drops, and any other over-the counter or prescription drugs.

Please complete the form below and send to the school office with student medication. A separate form must be completed for each medication.

Child's Name _____ Grade _____

Name of Medication _____ RX# _____

Expiration Date _____ Dosage _____

Dates to be Given _____ Times to be Given _____

Possible Reactions _____

Special Instructions (Shake, refrigerate, etc.) _____

I give permission for my child to be given this medication.

Parent or Guardian's Signature _____ Date _____

Home Phone _____ Work Phone _____ E-Mail _____

A physician's signature is required to administer over-the counter medication for more than 10 consecutive days.

Physician's Signature _____ Date _____