

COMMERCE INDEPENDENT SCHOOL DISTRICT

HEALTH SERVICES

Permission to Give Medication at School

Note to Parents/Guardians:

Commerce ISD requires that all students who need medication administered during school hours comply by the following:

1. Present a written consent form signed by the parent or legal guardian.
2. Medication is to be in the original container and properly labeled. Prescription medication must be properly labeled by a registered pharmacist as prescribed by law.
3. Prescription medication to be given longer than 2 weeks may be given by district personnel provided that the prescribing physician completes a medication permission form.

Student's Name _____ Date of Birth _____

School _____ Grade _____ Teacher _____

TO BE COMPLETED BY PHYSICIAN

Name of Medication _____

Size of tablet (in mg) _____ or if liquid (mg/tsp) _____

Dose to be given at school _____

Specific time to be given at school _____ at home _____

Start date: _____ End date: _____

Are there any restrictions? Yes or No If yes, what and how long? _____

Printed name of physician

Signature of physician

Date

TO BE COMPLETED BY PARENT

I, _____, give my permission for the above name child to receive the above named medication.

Parent's signature

Phone number

Date