

**Cypress-Fairbanks I.S.D. Health Services
Parent Request for Administering Medication**

Date: _____ Student Grade: _____ Homeroom Teacher: _____

I request Cypress Fairbanks I.S.D. personnel to give my child _____
the following medication _____.

Dose: _____ Time: _____

Reason: _____ Allergies: _____

Physician Name: _____ Physician Phone: _____

I understand that:

- ◆ The medication is to be furnished by me and brought to the clinic in the original container labeled with child's name, name of the medication and directions for the time and dosage. Physician's name must be on prescription medication.
- ◆ All medications must be delivered to the school by an adult and must be picked up from the school by an adult.
- ◆ If there are questions regarding the medication, the prescribing physician will be contacted for diagnosis and clarification. Parents will be notified, and informed about the communication with the physician.
- ◆ The school nurse has the right to inform my child's educators on a need to know basis that my child is on this medication unless notified otherwise in writing.
- ◆ Medication may not be given at the exact time requested due to class scheduling.
- ◆ Students are responsible to come to the clinic and get their own medication at the appropriate time.
- ◆ Medication remaining at the end of the school year shall be taken home by the parent/guardian. Any medication not claimed shall be discarded as recommended by appropriate guidelines and documented in student record.
- ◆ Parent or Guardian acknowledges and consents to all of the above.

Signature of Parent or Guardian

Parent or Guardian Daytime Phone Number

Note: If the medication you request school personnel to administer is deemed excessive or otherwise potentially harmful to the student, medication will not be given and you will be notified of this decision. Injectable medication such as insulin and treatment for allergic reactions will be given only with a physician's written order.