## Deweyville I.S.D. Medical and Parental Medication Authorization

## Dear Parent of Guardian:

To comply with Texas State Law, the following restrictions apply to the taking of medicine 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 medication must be in a container with the pharmacy label for that student.
- 3. If a prescription or non-prescription medication 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).

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

Student Name: Last		ч.	Firs	t	Age:	
Grade:	Teacher:	Teacher:				
☐ Prescription Medication			☐ Non-Prescription Medication			
Name of Drug:			Name of Drug:			
Time to be given:			Time to be given:			
Amount to be given:			Amount to be given:			
Duration/Date to DC:			Duration/Date to DC:			
Reason medi	cation being given:					
Physician's signature Date		Date	Telephone			
Form of med	☐Pill ☐Patch	□Capsule	□Liqui	d □Inhalant	How many	
Send only amou	int student needs to take at ry medication back and for	school in prope th from home t	o school	, original contain	er, so that student will not be	
my child. I v will not hold	vill notify the school of	any prescrib mployees res	ed chang ponsible	es or if the me for any advers	lminister the above medication t dication is to be discontinued. I e or allergic reaction that may	
Parent/Guardian Signature				Date	Contact Number	