

EAGLE MOUNTAIN – SAGINAW ISD
REQUEST FOR ADMINISTRATION OF NON-PRESCRIPTION MEDICATION AT SCHOOL

Medication should be given outside of school hours if at all possible. If it is necessary for your child to have non-prescription medication during school, this form **MUST** be completed and returned to the nurse. **MEDICATION MUST BE BROUGHT IN THE ORIGINAL CONTAINER WITH THE PROPER LABEL OF CONTENTS AND APPROPRIATE DOSAGES.** Recommended dosage or frequency of administration will not be exceeded without verification from physician. Eagle Mountain-Saginaw ISD policy requires that a physician sign the request if medication is to be given for more than 10 days during the school year. All medications will be kept locked in the nurse's office and require signed parental consent for administration, regardless of student age or grade level.

MEDICATION WILL NOT BE GIVEN AFTER THE 10TH DAY WITHOUT THE PHYSICIAN'S SIGNATURE

Name of Student _____ Date _____

Teacher/Student ID #: _____ Grade _____

Name of Medication _____ Strength _____

Dosage (amount to be given) # of puffs, # of teaspoons, # of tablets or capsules: _____

How Often: every _____ hours What Time: _____

Form of Medication to be given (circle One):

Tablet Capsule Liquid Inhalation Injection Other(specify) _____

Reason For Administration _____ Color _____

SIGN BOX IF YOUR STUDENT IS ALLOWED TO CARRY MEDICATION HOME.

I hereby request that the medication listed above be administered to my child during school hours. I hereby release the school from liability due to allergic reaction.

Parent/Guardian Signature

Physician's Printed Name

Physician's Phone #

Physician's Signature

Physician Address

(Any non-prescription medication not used within thirty days will be sent home or discarded.)
This form may be duplicated or additional forms may be obtained from the school.