



The Winston School

**PARENT/PHYSICIAN REQUEST
FOR ADMINISTRATION OF PRESCRIPTION MEDICATION
BY THE WINSTON SCHOOL PERSONNEL**

Requests for the administration of medications by school personnel may be made as follows:

1. A separate request form is to be completed for each medication.
2. Only those medications that cannot be given outside school hours will be administered.
Some prescriptions can be written so that doses are not necessary during school hours.
3. A written request from a student's physician will be required when non-prescription medication must be given longer than 10 consecutive school days, or if the dosage is different from the manufacturer's recommended dose.
4. **ALL** medication must be in the original, properly labeled container accompanied by this completed form (*Texas Education Code 21:914*). Please ask the pharmacist to dispense two labeled bottles for the medication: one for home and one for school.
5. **ALL** medication is distributed in the clinic/office. It is your child's responsibility to go to the clinic/office at the prescribed time.
6. _____ **YES**, my child may take home his/her medication at the completion of the request.
_____ **NO**, my child may **not** take home his/her medication at the completion of the request.
Unused medication will be discarded after two weeks.

Date of Request _____

Student _____ Grade _____

Condition for which medication is required _____

Medication _____ Dosage _____

Date (s) to be administered _____ Time (s) _____

Possible side effects _____

Physician _____ Phone _____

I, the undersigned, custodial parent or legal guardian of _____
(Student)

Request the above medication be administered to my child.

Signature _____
Custodial Parent or Legal Guardian

Phone _____ / _____
(Home) (Work)

Signature _____
(Physician, see #3 above)

Phone _____