

Lovejoy Independent School District

Medication Permission Form 2018-2019

Date: _____
Grade: _____

Parent or Guardian must bring medication to the Nurse Office, please

STUDENT _____ DOB: _____

Parent _____ Phone: _____

Medication Allergies: None Yes: to: _____

Name of Medicine: _____

What is medication needed for? _____

Dosage: _____ Route: _____

When to give: _____ Every _____ hours as needed _____ Daily at _____ _____ One time dose only _____ Temporary on dates listed below: _____/_____/_____/_____/_____

PARENT/ LEGAL GUARDIAN SIGNATURE: _____ I REQUEST THE ABOVE MEDICATION BE ADMINISTERED TO MY CHILD. I authorize, as needed, the sharing of information regarding my child's health between the school nurse and the prescribing health care provider. Date: _____ Controlled medication count sheet completed _____

LOVEJOY ISD DOES NOT SUPPLY MEDICATION

NO PILLS IN BAGGIES / MEDICINE MUST BE IN ITS ORIGINAL CONTAINER (BOX OR BOTTLE)

NO EXPIRED MEDICATIONS / (PLEASE WRITE EXPIRATION DATE: _____)

SAMPLE MEDICINES ACCEPTED ONLY WITH WRITTEN DIRECTIONS FROM PHYSICIAN

ALL PRESCRIPTION MEDICATIONS MUST HAVE LABEL ON BOX/MEDICATION

ALL MEDICINE NOT PICKED UP BY THE LAST DAY OF SCHOOL WILL BE DISCARDED

A Physician's written request may be required if an over-the-counter medication is to be given more than 3 times per school week, dosage other than FDA package instructions, or more than a total of 10 prn doses have been administered.

A Physician signature is **required** to administer prescription medications during the school day for more than 10 consecutive doses and if there is a change in prescription

Condition for which medication is required: _____ Date: _____

Medication: _____ Strength: _____ Dosage: _____ Time: _____

Physician Name: (PRINT) _____ Physician Signature _____

Phone: _____ Fax: _____ Special Instructions _____

Name: _____

Allergies: _____

Teacher/Grade: _____

Medication:	Treatment of:
Dosage:	Start date:
Administration instructions:	Comment:

Aug. 18

		PD	PD	PD
PD	PD	PD	PD	PD
20	21	22	23	24
27	28	29	30	31

Sep. 18

H	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	ER

Oct. 18

				H
1	2	3	4	
H	9	10	11	12
15	16	17	18	19
22	23	24	25	PD
29	30	31		

Nov. 18

			1	2
5	6	7	8	9
12	13	14	15	16
PD	PD	H	H	H
26	27	28	29	30

Dec. 18

3	4	5	6	7
10	11	12	13	14
17	18	ER	H	H
H	H	H	H	H
H				

Jan. 19

	H	H	H	H
7	8	9	10	11
14	15	16	17	18
PD	22	23	24	25
28	29	30	31	

Feb. 19

				1
4	5	6	7	8
11	12	13	ER	H
H-BW	19	20	21	22
25	26	27	28	

Mar. 19

				1
4	5	6	7	8
H	H	H	H	H
18	19	20	21	22
25	26	27	28	29

Apr. 19

				5
1	2	3	4	
8	9	10	11	12
15	16	17	18	H-BW
22	23	24	25	26
29	30			

May-19

		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
H	28	29	30	ER

Jun-19

				PD

Initials _____ Signature _____

Initials _____ Signature _____

Initials _____ Signature _____

Initials _____ Signature _____