

Medication Authorization

_____ Date

Dear Dr. _____:

The policy of the Tulia I.S.D. regarding the matter of dispensing medication in school is that medications shall be administered only when the student's health requires that they be given during school hours. Medications that are administered at school must be in a properly labeled contained or prescribed bottle. Written authorization from the student's parents and physician is required. Medications will be kept in a locked cabinet in the school health office and be administered by or under supervision of the school nurse.

Sincerely,

Jaclyn, Street, RN 806-995-4285
Anna Stribling, RN 806-995-4057
Tulia I.S.D. School Nurses Phone

The following form should be completed by the physician and returned to the school nurse by the parent.

_____ is to receive _____
Patient's name Medication and dosage

at _____ for the treatment of _____
Time

POSSIBLE SIDE EFFECTS: _____

ESTIMATED TERMINATION DATE: _____

Date _____ Signature _____ M.D.

Address: _____

Telephone _____

I hereby give my permission for my child to receive medication at school as prescribed by my child's physician:

Date _____ Signature _____
Parent/Guardian

NOTE: Medication to be supplied in original prescription bottle. Ask your pharmacist for the medication to be divided into two bottles completely labeled; one for home and one for school.