

LINDSAY INDEPENDENT SCHOOL DISTRICT

495 6th Street
P O. Box 145
Lindsay, TX 76250
Fax: (940) 668-2662

Trevor Rogers
Superintendent
940.668.8923

Pat Autry
Elementary Principal
940.668.8923

Steven Cope
Secondary Principal
940.668.8474

Dear Parent:

Please read the following letter carefully as it pertains to rules LISD has in giving medications at school. Medication can be administered by the School District according to LISD Board Policy FFAC (legal)-p update 51, according to Section 22.052 of the Texas Education Code. Please keep this form (see reverse) in the event your child needs medication during the school year. Return it ONLY when your child needs medication at school. We do try to give the least amount of medication to reduce the risk of error. If your child needs to bring medication to school, these rules must be followed:

1. The school must have the form (see reverse) signed by the legal parent or guardian.
2. All medication is to be in its original container. Non-prescription medications must have the label on the reverse side of this letter attached to the container.
3. The student must bring the medication to the office. The student is responsible for coming to the office to ask for the medication.
4. If a prescription medication is to be taken for longer than ten (10) school days, the parent and physician's signatures are required.

Thank You,

Clara Hellinger, School Nurse

Student Name _____ Grade _____ Teacher _____

Name of Medication _____

Condition for which medication is prescribed _____

Dosage _____ Time to be given at school _____

Physician's signature is required for prescription medication to be given longer than 10 school days.

Physician's Name _____

Date _____ Telephone Number _____

I, the parent/legal guardian of _____, hereby request that the above medication be given as directed. I hereby release the Lindsay ISD and its employees of all legal responsibility and liability that may arise, pursuant to this request for administration of medication for my child.

(Date)

(Parent/Guardian Signature)

Please complete the following label which is required for non-prescription medication. This label will be placed on the medicine container.

<p>Student Name _____</p> <p>Dosage _____</p> <p>Parent Signature _____</p>
