



BEEVILLE

INDEPENDENT SCHOOL DISTRICT
INSPIRING BOLD INNOVATIVE LEADERS

Date: _____

Dear Parent/Guardian,

You have requested for nurse/school personnel to administer _____ to
your child, _____, during school hours.
Name of medication
Student's name

After discussing your request with the school nurse and giving the matter careful consideration, we cannot give this medication to your child for the reason(s) marked below (circle all that apply):

- A. Medication can be administered before and after school hours.
- B. Medication was not sent to school in the original container.
- C. The prescription medication does not have an appropriate prescription label.
- D. The over the counter medication is not appropriately labeled and/or the directions given exceed the manufacturer's recommended dosing directions.
- E. In the nurse's professional judgement, the medication is not appropriate for the student.
- F. The first dose of the medication must be administered by parent or guardian.
- G. Medication was received without written authorization (you may pick up an authorization form from the school, or print from the Beeville ISD website).

The parent/guardian is allowed to come to the school to administer medication to their child.

If your child's healthcare provider feels that your child needs this medication during school hours, the medication will be administered once the discrepancy is corrected (ex: written authorization is received, medication is sent in original container, appropriate label attached etc).

Providing safety and protection for students, as well as our staff is of the utmost importance, especially regarding medication administration.

Your cooperation in this matter is greatly appreciated.

Additional Actions requested/Comments: _____

Name of Principal

School's phone number

Name of School Nurse

Campus