# NISD School Health Services

REQUEST FOR ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

Student Name ________________________________________
Grade _____________
Teacher _____________________________
DOB ______________

I do hereby request that school personnel of Newton Independent School district administer the medication set forth below to my child. The medication must be administered during school hours and I cannot personally supervise this activity. I have supplied all information concerning the dosage of the medication and method of administration or requested that it be supplied by my child's physician. I do hereby release the Newton Independent School District, its agents, servants, employees and medical advisors from any liability in connection with the administration of this medication.

I understand that my child requires medication(s) to be on hand during field trips away from the school campus. I give my permission for the school to send this medication (these medications) on the field trip with my child. All medication (s) will be sent in a single dose container and clearly marked with my child's name and instructions. An assigned teacher who has been given instructions, has verbalized understanding of medication administration and has performed demonstration of medication administration, will be in charge of dispensing the required medication as directed on the field trip.
Medication: ___________________________
Medication Time: _________________________________
Start Date: __________ End Date: _____________
Dosage and Route: ______________________
Special Instructions:
_______________________________________________________
__________________________________
Physician's Name: ______________________
Phone Number: ___________________
Physician's Signature (if needed): ______________________________________________

Information concerning this medication and my child's health may be shared with/obtained from the above named physician.
Please check one: _____________ Yes ____________ No

Parent/Guardian Signature: __________________ Date: ________________