

Parent: This form is necessary ONLY for those students who require a daily prescription or non-stock medication, which includes anything other than Ibuprofen or Acetaminophen.

**PARENT / PHYSICIAN REQUEST FOR ADMINISTRATION OF PRESCRIPTION / NON-STOCK MEDICATION BY SCHOOL PERSONNEL**

**Please read entirely before signing. Complete this side only. Contact the school nurse if you have any questions.**

*Requests for the administration of medication by school personnel may be made as follows:*

1. A separate request form is to be completed for each medication. If you are unable to obtain a form, we can accept a handwritten note that includes complete directions – name of medication, dosage, time to be given and parent signature. **THE PARENT MUST COMPLETE THE AUTHORIZATION SHEET FOR THE NEXT DAY.** Prescription/non-stock medications will not be given without written permission from a parent or guardian.
2. Only those medications that cannot be given outside school hours will be administered. (*Prescriptions can be written so that doses are not necessary during school hours.*) If the prescription reads three times per day, **ALL** doses can usually be given at home (e.g. 7:45 a.m., 3:30 p.m. and 9:00 p.m.).
3. All medication must be in the **original**, properly labeled container accompanied by this completed form (Texas Education Code 21:914). **PLEASE REQUEST THE PHARMACIST TO DISPENSE TWO LABELED BOTTLES OF MEDICATION:** one for home and one for school. Do **not** send medication in **unmarked containers.**
4. It is the student’s responsibility to inform school personnel when it is time for the medication. Please encourage your child to take the responsibility to go to the clinic at the prescribed time.
5. A written request from a student’s physician will be required when non-prescription medication must be given longer than 10 consecutive days.
6. Students with asthma, diabetes, or severe allergy may possess and self-administer prescription medicine while on school property or at a school-related event or activity under certain conditions (Texas Education Code 38.013). If you would like more information about this accommodation, please contact the clinic at 214-328-9131 ext. 109 or [clinic@stjohnsschool.org](mailto:clinic@stjohnsschool.org).
7. **Controlled substances must be delivered and collected by an adult (parent or guardian).** All other unused medication will be sent home with the student.

Date of request \_\_\_\_\_

Student’s Name \_\_\_\_\_ Grade \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

**(Directions on medication bottle must correspond to the parent’s directions)**

Date(s) to be administered \_\_\_\_\_ Time \_\_\_\_\_

Physician’s Name (if prescription) \_\_\_\_\_ Phone \_\_\_\_\_

I, the undersigned, the parent/guardian of \_\_\_\_\_

(Student’s name)

request the above medication be administered to my child.

\_\_\_\_\_  
Parent/Guardian Signature Phone