

PARENT REQUEST FOR ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

Student Name		Grade
Student ID Number/Teacher		DOB
the medication set fo hours and I cannot per dosage of the medical child's physician. I do employees and medical medication. I understand the school campus. I on the field trip with a marked with my child instructions, has verb	rth below to my child. The resonally supervise this a stion and method of admorphisms and method of admorphisms and release the Friscolal advisors from any liast that my child requires may child. All medication d's name and instruction palized understanding of dication administration,	nel of Frisco Independent School district administer ne medication must be administered during school activity. I have supplied all information concerning the inistration or requested that it be supplied by my so Independent School District, its agents, servants, bility in connection with the administration of this edication(s) to be on hand during field trips away from the school to send this medication (these medications) (s) will be sent in a single dose container and clearly s. An assigned teacher who has been given medication administration and has performed will be in charge of dispensing the required
Medication:		Medication:
Time:		Time:
Start Date:	End Date:	Start Date: End Date:
Dosage and Route:		Dosage and Route:
Special Instructions:		_ Special Instructions:
Physician's Name:		Phone Number:
Physician's Signature	e (if needed):	
		my child's health may be shared with/obtained from e: No
Parent/Guardian Signature: Date:		
		minophen (Tylenol), Ibuprofen (Advil/Motrin), Tums, neric equivalents are acceptable.

Updated 6/13/16, Health Services