

Grand Saline Independent School District

Administering medications at school

If leaving medications at school for the nurse to administer, please review the following instructions:

For prescription medications:

___ In its original bottle with current pharmacy label that includes the student's name, doctor, name of medication, and dosing instructions.

___ 1st dose of medication must be given at home.

___ Parents have left written permission for the nurse to administer the medication as well as a contact number or completed the information below.

___ Time last dose of medication received.

___ Does the medication need to be sent home at the end of the school day? Yes ___ No ___

For over the counter medication:

___ Medication must be in the original bottle with instructions visible. The nurse must follow the written instructions on the bottle.

___ Parents have left written permission for the nurse to administer the medications as well as a contact number or completed the information below.

___ Time last dose of medication received.

___ Does the medication need to be sent home at the end of the school day? Yes ___ No ___

I, _____, give my permission for the school nurse or other authorized personnel to administer the following medication to my child, _____, for the following dates.

Parent/Guardian signature: _____ Date: _____ Phone # _____