

Grand Saline Independent School District
Medication Administration Permission Form

Medications to be given at school given at school	Dosage	Time to be
NAME _____	Frequency/Time _____	Dose _____ Reason _____
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District policy requires a physician order and written parental permission on ALL prescription medications. A recently updated pharmacy prescription label will be accepted as the physician order. All medication must be in the original container. The first dose of any medication must be given at home. These medications must be brought to the nurse upon arrival to the school by the parent

I give my permission for the above medications to be administered to my child at school by the school nurses or other authorized personnel.

*Parent/Guardian Signature: _____ Date: _____

I understand that GSISD, the Board or staff are not responsible for damage or injury resulting from administration of medications to my child in accordance with Texas Education Code 21.905.

*Parent/Guardian Signature _____ Date: _____