EAGLE MOUNTAIN – SAGINAW ISD
REQUEST FOR ADMINISTRATION OF NON-PRESCRIPTION MEDICATION AT SCHOOL

Medication should be given outside of school hours if at all possible. If it is necessary for your child to have non-prescription medication during school, this form MUST be completed and returned to the nurse. **MEDICATION MUST BE BROUGHT IN THE ORIGINAL CONTAINER WITH THE PROPER LABEL OF CONTENTS AND APPROPRIATE DOSAGES**. Recommended dosage or frequency of administration will not be exceeded without verification from physician. Eagle Mountain-Saginaw ISD policy requires that a physician sign the request if medication is to be given for more than 10 days during the school year. All medications will be kept locked in the nurse's office and require signed parental consent for administration, regardless of student age or grade level.

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Name of Student_____Date_____

Teacher/Student ID #:_____Grade_____

Name of Medication_____Strength _____

Dosage (amount to be given) # of puffs, # of teaspoons, # of tablets or capsules: _____

How Often: every_____hours What Time: _____

Form of Medication to be given (circle One):

Tablet Capsule Liquid Inhalation Injection Other(specify)_____

Reason For Administration_____Color_____

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X ALL A M A M .

I hereby request that the medication listed above be administered to my child during school hours. I hereby release the school from liability due to allergic reaction.

_____
Parent/Guardian Signature

_____ _____
Physician's Printed Name Physician's Phone #

_____ _____
Physician's Signature Physician Address

(Any non-prescription medication not used within thirty days will be sent home or discarded.)
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