

**CHAPEL HILL INDEPENDENT SCHOOL DISTRICT**

WISE ELEM.

JACKSON ELEM.

KISSAM INTERM.

903-566-2271 ext. 1055

903-566-3411 ext. 1004

903-566-8334 ext. 1209

903-565-5135 fax

903-565-5185 fax

903-565-5195 fax

**PARENT'S REQUEST FOR ADMINISTRATION OF MEDICATION  
BY SCHOOL PERSONNEL**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**NOTE: ONLY PRESCRIPTION MEDICATIONS ARE GIVEN AT SCHOOL**

Condition for which drug is to be given: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage and method of administration (special instructions, possible reactions, if any) \_\_\_\_\_

THE ABOVE MEDICATION MAY NOT BE SCHEDULED FOR OTHER THAN SCHOOL HOURS. IT IS RECOMMENDED THAT ANTIBIOTICS, AND OTHER SHORT TERM MEDICATIONS, SCHEDULED THREE TIMES PER DAY, BE GIVEN PRIOR TO SCHOOL, AFTER SCHOOL, AND AT BEDTIME. MEDICATION MAY BE ADMINISTERED BY A MEDICALLY UNTRAINED DESIGNATEE OF THE SCHOOL NURSE.

Physician's Name (print) \_\_\_\_\_ phone# \_\_\_\_\_

Parent's Signature \_\_\_\_\_ daytime phone# \_\_\_\_\_

PLEASE SEND WRITTEN NOTIFICATION AF ANY CHANGE IN TIME OR DOSAGE DURING THE SCHOOL YEAR. MEDICATIONS WILL BE DISPENSED ONLY FROM ORIGINAL LABELED CONTAINERS. PLEASE REQUEST PHARMACIST TO DISPENSE TWO LABELED BOTTLES OF MEDICATION – ONE FOR HOME AND ONE FOR SCHOOL.

Filed in Nurse's Office on \_\_\_\_\_

PLEASE RETURN TO SCHOOL NURSE