

LULING ISD HEALTH SERVICES
214 E. TRAVIS ST.
LULING, TX 78548
PH 830 875-2121 X 2023
FAX 830 875-5907

MEDICATION PERMISSION REQUEST FORM

The Luling Independent School District requires that all students who need medication During school hours must do the following:

1. Present a written consent form signed by the parent or legal guardian.
2. Bring the medication in the original prescription bottle, properly labeled by a registered pharmacist as prescribed by law. (ask pharmacist for a separate prescription bottle for school)

Long term medications (longer than 4 weeks) may be given by District personnel Provided that the prescribing physician completes the District medication Permission request form.

Name of Student _____

Date of Birth _____ School _____

TO BE COMPLETED BY PHYSICIAN

Name of Medication _____

Specific time(s) and dose(s) to be given at school _____

Length of time _____ Is condition contagious Y or N

Are there any restrictions Y or N If yes, what and how long? _____

PRINT NAME OF PHYSICIAN

SIGNATURE OF PHYSICIAN

DATE

TO BE COMPLETED BY PARENT

I, _____ give permission for my child to receive the above Medication as directed.

DATE

PARENTS/GUARDIANS SIGNATURE TELEPHONE #

Luling ISD does not discriminate on the basis of race, religion, color, national origin, sex or disability in providing education services, activities and programs.

El distrito escolar de Luling ISD no discrimina por motivos de raza, religio, color, origen national, sexo o impedimento en sus programas, servicios o actividades.