



# Floresville Independent School District

*Preparing You for a Prosperous Life*

## MEDICATION ADMINISTRATION REQUEST FORM

**When your student’s physician determines it is necessary to administer medication during the school day, the following procedure must be followed:**

- This form must be completed and signed by the parent/guardian before any medication can be given at school.
- For medications to be given at school for MORE THAN 10 DAYS – this form must be filled out and signed by the prescribing physician and the parent.
- ALL MEDICATION to be given at school must be in the original container with an up-to-date pharmacy label reflecting a current physician’s order.
- ALL MEDICATION must be brought to the clinic by the parent/guardian. Medication will not be sent home with the student
- Medication brought to school by the student will not be administered.

<b>Student’s Name:</b>		<b>DOB:</b>	
<b>Diagnosis:</b>			
<b>Medication &amp; Strength:</b>			
<b>Dose:</b>		<b>Route:</b>	
<b>Time(s) to be given at school:</b>			
<b>For how long?</b>			
<b>Special Instructions:</b>			
<b>Precautions/Untoward Reactions/Interventions/Emergency Measures:</b>			
<b>Restrictions:</b>			

**BY SIGNING THIS FORM I UNDERSTAND AND I AM GIVING THE SCHOOL/CAMPUS NURSE AUTHORIZATION TO CONTACT THE DOCTOR IF THE NURSE HAS ANY QUESTIONS REGARDING THE ADMINISTRATION OF THE MEDICATIONS LISTED ABOVE.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PHYSICIAN

\_\_\_\_\_  
SIGNATURE OF PARENT

\_\_\_\_\_  
PHYSICIAN’S NAME (PRINTED)

\_\_\_\_\_  
PARENT/GUARDIAN PHONE NUMBER

\_\_\_\_\_  
PHYSICIAN’S PHONE NUMBER

**FAX FORM TO NURSE AT: FHS – 830-393-5376 FMS – 830-393-5345 FNE - 830-393-5391 FSE – 830-393-5756  
FAEC: 830-393-5346**



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## SOLICITUD DE ADMINISTRACION DE MEDICAMENTO

- Los padres deben llenar este formulario y firmarlo antes que cualquier medicamento se pueda administrar en la escuela
- Para medicamento que se debe proporcionar en la escuela de un plazo MAS DE 10 DIAS- se debe llenar este formulario por parte del doctor que dio la receta médica y los padres.
- TODO MEDICAMENTO que se proporcionará en la escuela requerirá una receta médica escrita o una etiqueta reciente de la farmacia.
- TODO MEDICAMENTO debe ser entregado a la clínica por los padres.
- Medicamento entregados a la escuela por un estudiante no será administrado.

Student's Name:		DOB:	
Diagnosis:			
Medication & Strength:			
Dose:		Route:	
Time(s) to be given at school:			
For how long?			
Special Instructions:			
Precautions/Untoward Reactions/Interventions/Emergency Measures:			
Restrictions:			

AL FIRMAR ESTE FORMULARIO, ENTIENDEO Y ESTOY DANDO A LA ENFERMERA DEL CENTRO ESCOLAR AUTORIZACION PARA PONERSE EN CONTACTO CON EL MÉDICO SI LA ENFERMERA TIENE CUALQUIER PREGUNTA CON RESPECTO A LA ADMINISTRACIÓN DE LOS MEDICAMENTOS MENCIONADOS ANTERIORMENTE.

FECHA

FIRMA DEL DOCTOR PHYSICIAN

FIRMA DE LOS PADRES

NOMBRE DEL DOCTOR (LETRA DE MOLDE)

NUMERO TELEFONICO DE PADRE/TUTOR

NUMERO TELEFONICO DEL DOCTOR

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