

**CHANNELVIEW INDEPENDENT SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT
828 SHELDON ROAD
CHANNELVIEW, TEXAS 77530**

MEDICATION PERMISSION REQUEST FORM

When possible, students should take medications before coming to school and/or after leaving school. Medicine given at school should only be necessary if instructions require four or more doses per day, or if there is a doctor's order requiring medicine to be given at a specific time during the school day. ***The medicine must be in the original container for the specific student and include the following information: current date, student's name, specific instructions (dosage & time), name of medicine, and doctor's name.*** Refer to the "Student Handbook" for further information.

Name of Student _____ Date of Birth _____ Grade _____

Name/Address of School _____ Teacher _____

Name of School Nurse/Telephone #: _____ Fax # _____

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To Be Completed by Physician

Condition Requiring Medication _____

Name of medication _____

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

Start Date _____ End Date _____

Are there any restrictions? Yes No If yes, what and how long? _____

Printed Name of Physician Signature of Physician Phone # Fax #

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To Be Completed By Parent

I give permission for my child to receive the above medication as directed.

Date Parent/Guardian Signature Printed Name of Parent/Guardian

Daytime Telephone # _____