

**GRAND PRAIRIE INDEPENDENT SCHOOL DISTRICT**  
**Health Services**

**Administration of Medication at School**

Only medication which is required to enable a student to stay in school may be given at school. Medication that is prescribed three times a day can usually be given before school, after school and at bedtime. If necessary, medication can be given at school under the following conditions:

- Medications must be in the **ORIGINAL, PROPERLY LABELED CONTAINERS**.
- Only medication needed for one day should be brought in the original container.
- The first dose must be given at home in case of an unexpected reaction.
- Medication may be given by an unlicensed medical person designated by the principal.
- Medications must be kept in the clinic in a locked cabinet.

ALL MEDICATION WILL BE GIVEN ONLY WITH A SPECIFIC WRITTEN REQUEST FROM A LICENSED  
HEALTH PROVIDER AND A PARENT/GUARDIAN.

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**REQUEST FOR ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL**

**STUDENT** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_ **GRADE** \_\_\_\_\_ **SCHOOL** \_\_\_\_\_

**Prescriber** \_\_\_\_\_ **Prescriber's Phone** \_\_\_\_\_

**Prescriber's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Medication	Dosage/Route	Time (s)	Comments

**Possible Side Effects** \_\_\_\_\_

**Termination Date For Administering** \_\_\_\_\_

**FOR ANY UNUSED MEDICATION NO LONGER NEEDED AT SCHOOL: (check one)**

- ☐ An adult will pick up the medication from the clinic.
- ☐ You have my permission to destroy unused portion according to district guidelines if not picked up by the last day of school.

I give my permission for the above named child to receive medication at school as requested by the prescriber. I authorize clinic personnel to contact my child's physician for information concerning my child when necessary.

\_\_\_\_\_  
**Parent/Guardian's Signature**  
**Work Number** \_\_\_\_\_  
**Home Number** \_\_\_\_\_  
**Cell** \_\_\_\_\_

\_\_\_\_\_  
**Date**

*This form must be completed every school year.*