

Phone (903)965-7725
Fax (903)965-0140

MEDICATION PERMISSION REQUEST FORM

Dear Parents/Guardians,

The BELLS ISD requires that all students who need medication during school hours do the following:

1. Present this medication permission form, from the parent, legal guardian, or person having legal control of the student, to administer the medication.
2. Bring the medication in the **original prescription bottle, properly labeled by a registered pharmacist** as prescribed by law.

The school district does not provide medication for students.

TO BE COMPLETED BY PARENT

NAME OF STUDENT _____ Date of Birth _____
 Campus _____ Grade _____ Homeroom Teacher _____
 I, _____ request Bells ISD authorized personnel to administer the
 following medication to my child.

Name of MEDICATION: _____ TIME, DOSAGE AND HOW
 MEDICATION IS TO BE DISPENSED _____

I understand my signature releases the district from liability due to any allergic reactions.

PARENT/GUARDIAN SIGNATURE _____
 Daytime phone number where parent can be reached: _____

TO BE COMPLETED BY PHYSICIAN

NAME OF MEDICATION _____ TIME, DOSAGE, AND HOW MEDICATION
 IS TO BE DISPENSED AT SCHOOL _____
 LENGTH OF TIME MEDICATION IS TO BE GIVEN _____
 ANY ADVERSE REACTION TO DRUG _____
 ARE THERE ANY RESTRICTIONS? YES NO If yes, what and how long?

SIGNATURE OF PHYSICIAN _____ DATE _____
 Please print name, address and telephone number of physician.

Return completed form to NURSE'S OFFICE as soon as possible. Thank You! D. Williams, LVN
 D. Bennett Williams, LVN School Nurse
 Fax Jr. High 903-965-7428
 Fax Elem. 903-965-0140
 H.S. 903-965-7315
 Jr. High 903-965-4835
 Elem 903-965-7725