

**MIDLAND INDEPENDENT SCHOOL DISTRICT  
HEALTH SERVICES DEPARTMENT**

**MEDICATION PERMISSION FORM**

Dear Parent/Guardian,

According to Texas State law and Midland Independent School District policy, all medications that are to be Administered at school must comply with the following guidelines:

1. All medications given must be in original container. This includes both prescription and over-the-counter medications. The medication has to be FDA approved with dosage information clearly marked on the container.
  2. All medication must be accompanied by a dated permission form signed by the parent/guardian. Prescription drugs will be given as indicted on the label.
  3. **The over-the-counter medication must be age appropriate and may not be given more than three consecutive school days without a physician's order to do so.**
  4. Medications purchased in a foreign country (for example, Mexico) cannot be given.
  5. No medication is supplied by the school.
  6. No controlled medication (ex: Ritalin, Concerta, Focalin, Straterra or medication for pain control) or any other prescribed medication for behavior control will be sent home with students. **ALL** medications of this type **MUST** be picked up from the clinic by a parent or legal guardian.
  7. MISD Health Services **STRONGLY RECOMMENDS** that all prescribed controlled medication, medication prescribed for behavior control, or medication for pain control (prescribed by a physician: not OTC medications) be delivered to the clinic by a parent or legal guardian. MISD will not accept responsibility for these types of medications until they are delivered to the clinic.
- Please help us to assure the health and safety of your child by following the above guidelines.**

**Student Name:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Medication	Dosage	Time to be given	Comments/ Pill Count

I request that the above medications be given to my child as directed. I hereby give permission to the school nurse to contact the prescribing physician with any questions relating to the above medications.

- ( ) Child to carry empty bottle for refill \_\_\_\_\_  
Initial
- ( ) Child to take medication home at end of school year \_\_\_\_\_  
Initial
- ( ) Medication not picked up by parent of child at the end of the school year will be discarded \_\_\_\_\_  
Initial

\_\_\_\_\_  
 Parent/Guardian Signature Date Daytime phone number