MIDLAND INDEPENDENT SCHOOL DISTRICT

HEALTH SERVICES DEPARTMENT

MEDICATION PERMISSION SLIP

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 medication given must be in the original container. This includes both prescription and over-the-counter medicines. 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 slip signed by the parent/legal guardian. Please include instructions for over-the counter medication. Prescription drugs will be given as indicated on the label.
3. The over-the-counter medication may not be given more than three consecutive school days without physician's orders to do so.
4. Medications purchased in a foreign country (for example, Mexico) cannot be given.
5. No medication is supplied by the schools.

Please help us to assure the health and safety of your child by following the above guidelines.

Student **Teacher** **Rm.#**

Medication	Dosage	Time to be given	Pill count *(if controlled drugs)*	Parent-Student Initial/ Nurse Initial *(for pill count only)*

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 home for refill* _____
Initial

( ) *Child to take medication home at end of school year* _____
Initial

( ) *Medication to be discarded at the end of the school year if not picked up by child or parent* _____
Initial

_____ _____ _____

Parent/Guardian Signature *Date* *Daytime Phone Number #1*

_____

Daytime Phone Number #2

For Clinic use only:

( ) Med sent home with student (Date_____)

( ) Med sent home with parent (Date_____)