



MIDLAND INDEPENDENT SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT

BIN #

MEDICATION PERMISSION FORM

Dear Parent/Guardian,

According to Midland Independent School District policy, all medications that are to be administered at school must comply with the following guidelines:

- 1. All medications (prescription or over the counter [OTC]) must be in original container. Medication information must be clearly labeled on the container. Medications will be given as indicated on the label. The medication must be FDA approved. ALL medication MUST be accompanied by a dated permission form signed by the parent/guardian.
2. 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.
3. Medications purchased or prescribed in a foreign country (for example, Mexico) cannot be given.
4. No medication is supplied by the school.
5. No controlled medication for pain (ex: Narcotics) or any prescribed medication for behavior control (ex: Ritalin, Concerta, Focalin, or Straterra) will be sent home with students. Whenever possible, these types of medication should be given at home. ALL medications of this type MUST be picked up by a parent or legal guardian.
6. MISD Health Services STRONGLY RECOMMENDS that all medications be delivered to the clinic by a parent or legal guardian. MISD will not accept responsibility for these medications until they are given to the nurse or office staff.

Initial

Student Name: First name Last name D.O.B. ID#/Grade

Table with 4 columns: DATE, MEDICATION, DOSAGE, TIME TO BE GIVEN. Includes rows for medication details and a 'Comments' section for each entry.

[] At the end of school year, parent/guardian or student (please circle) to collect All medications. (Initial)

[] Medication not picked up by parent/guardian or student at the end of the school year will be thrown away. (Initial)

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

PRINT Parent/Guardian First and Last Name

Date

Daytime Phone Number

Parent/Guardian Signature

Initial