



PARENT REQUEST FOR ADMINISTRATION OF MEDICATION
BY SCHOOL PERSONNEL

Student Name _____ Grade _____

Student ID Number/Teacher _____ DOB _____

I do hereby request that school personnel of Frisco Independent School district administer the medication set forth below to my child. The medication must be administered during school hours and I cannot personally supervise this activity. I have supplied all information concerning the dosage of the medication and method of administration or requested that it be supplied by my child's physician. I do hereby release the Frisco Independent School District, its agents, servants, employees and medical advisors from any liability in connection with the administration of this medication.

I understand that my child requires medication(s) to be on hand during field trips away from the school campus. I give my permission for the school to send this medication (these medications) on the field trip with my child. All medication (s) will be sent in a single dose container and clearly marked with my child's name and instructions. An assigned teacher who has been given instructions, has verbalized understanding of medication administration and has performed demonstration of medication administration, will be in charge of dispensing the required medication as directed on the field trip.

Medication: _____ Medication: _____

Time: _____ Time: _____

Start Date: _____ End Date: _____ Start Date: _____ End Date: _____

Dosage and Route: _____ Dosage and Route: _____

Special Instructions: _____ Special Instructions: _____

Physician's Name: _____ Phone Number: _____

Physician's Signature (if needed): _____

Information concerning this medication and my child's health may be shared with/obtained from the above named physician. Please check one: _____ Yes _____ No

Parent/Guardian Signature: _____ Date: _____

District approved medications include: Acetaminophen (Tylenol), Ibuprofen (Advil/Motrin), Tums, Benadryl, Cough drops and Throat strips. Generic equivalents are acceptable.