

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 D	ate: 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 chil the above named physician. Please check one:	-
Parent/Guardian Signature:	Date:

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