

**Cy-Fair I.S.D. Health Services**  
**Parent Request for Administering Medication**

Date: \_\_\_\_\_ Grade: \_\_\_\_

I request Cy-Fair I.S.D. personnel to give my child \_\_\_\_\_ / \_\_\_\_\_  
the following medication(s): (STUDENT LEGAL NAME) ID #

1) \_\_\_\_\_

2) \_\_\_\_\_

Dose: \_\_\_\_\_

Dose: \_\_\_\_\_

Time: \_\_\_\_\_

Time: \_\_\_\_\_

Reason: \_\_\_\_\_

Reason: \_\_\_\_\_

Allergies: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone # \_\_\_\_\_

**I understand that:**

- All medication is to be furnished by me and brought to the clinic in the original container labeled with child's name, name of medication, and directions for the time and dosage. Physician's name must be on prescription medication.
- Medication samples given by your physician must be accompanied by written instructions by the physician on a prescription pad or note.
- If there are questions regarding the medication, the prescribing physician will be contacted for diagnosis and clarification. Parents will be notified, and informed about the communication with the physician.
- The school nurse has the right to inform my child's educators on a need to know basis that my child is on this medication unless notified otherwise in writing.
- Medication may not be given at the exact time requested due to class scheduling.
- Students are responsible to come to the clinic and get their medication at the appropriate time.
- Medication remaining at the end of the school year must be picked up by a parent/guardian or other authorized adult or will be disposed of properly.
- Parent or Guardian acknowledges and consents to all of the above.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Parent/Guardian Daytime Phone Number

**Note: If the medication you request school personnel to administer is deemed excessive or otherwise potentially harmful to the student, medication will not be given and you will be notified of this decision. Injectable medication such as insulin and Epi-Pen for treatment for allergic reactions will be given only with a physician's written order.**