Parent Request for Administration of Medication by School Personnel

CONROE INDEPENDENT SCHOOL DISTRICT
Health Services

Place Student Photo Here

CONFIDENTIAL

Date Entered in eSchool_____ Nurse Initials _____

Student Name_____ **ID#** _____

Student's Date of Birth_____ **Teacher** N/A _____ **Grade** _____

As the Parent / Guardian of the above named child, I give my permission for him / her to be given the medication as described below by whomever the principal designates. I understand medication will be handled according to recommended Conroe ISD Policy and Procedure, TEA recommendations and FDA Guidelines. ***Medications used to treat the symptoms of COVID-19 are required to have a current physician's order.***

Printed Name of Parent/Guardian _____

Signature_____ **Relationship to Student** (Ex. Mom, Step Parent, Etc.) _____

Daytime Phone Number(s) **Today's Date** _____

Name of Medication			**Medication Strength**
Route of Administration: ☐ **by mouth** ☐ **inhaled** ☐ **topical** ☐ **eye(s)** ☐ **ear(s)** ☐ **nasal** ☐ **injection (circle: IM SQ IV)** ☐ **rectal**			
Dosage	**Reason for Taking**		
Give Daily Time(s):	**OR**	**Give PRN/As Needed Frequency:**	
Medication Start Date	**Medication End Date**		***Medication Expiration Date***
Special Instructions			
Other Medication(s) Student is Taking			
CHANGES	**Date**	**Change in Dose, Amount, or Time**	**Parent Signature**
	Date	**Change in Dose, Amount, or Time**	**Parent Signature**

MEDICATION CHECK-IN

Date Received	Amount/Number	Clinic Staff Signature	Parent/Guardian Signature
Original			
REFILL(S)			
#1			
#2			
#3			
#4			
#5			
#6			

Physician Name_____ Physician Phone Number _____

Physician Signature_____ Date _____

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Med. Pick-Up Date_____ **By**_____ **Relationship**_____ **Count**_____ **Staff Initials** _____

CONROE INDEPENDENT SCHOOL DISTRICT
Health Services

Parent Request for Administration of Medication by School Personnel

CONFIDENTIAL

Student Name_____ **DOB**_____**ID#** _____

Name of Medication _____ **Grade** _____

AUGUST					
Date	**M**	**T**	**W**	**TH**	**F**
2-6					
9-13					
16-20					
23-27					
30-31					

SEPTEMBER					
Date	**M**	**T**	**W**	**TH**	**F**
1-4					
6-10					
13-17					
20-24					
27-30					

OCTOBER					
Date	**M**	**T**	**W**	**TH**	**F**
1					
4-8					
11-15					
18-22					
25-29					

NOVEMBER					
Date	**M**	**T**	**W**	**TH**	**F**
1-5					
8-12					
15-19					
22-26					
29-30					

DECEMBER					
Date	**M**	**T**	**W**	**TH**	**F**
1-3					
6-10					
13-17					
20-24					
27-31					

JANUARY					
Date	**M**	**T**	**W**	**TH**	**F**
3-7					
10-14					
17-21					
24-28					
31					

FEBRUARY					
Date	**M**	**T**	**W**	**TH**	**F**
1-4					
7-11					
14-18					
21-25					
28					

MARCH					
Date	**M**	**T**	**W**	**TH**	**F**
1-4					
7-11					
14-18					
21-25					
28-31					

APRIL					
Date	**M**	**T**	**W**	**TH**	**F**
1					
4-8					
11-15					
18-22					
25-29					

MAY					
Date	**M**	**T**	**W**	**TH**	**F**
2-6					
9-13					
16-20					
23-27					
30-31					

JUNE					
Date	**M**	**T**	**W**	**TH**	**F**
1-3					
6-10					
13-17					
20-24					
27-30					

SIGNATURES

Name/Initials _____

Name/Initials _____

Name/Initials _____

Name/Initials _____

Name/Initials _____

Comments/Notes: _____