

## Brenham Independent School District Medication Permission Slip

The School Nurse or authorized personnel at \_\_\_\_\_ has my permission to give \_\_\_\_\_ his/her medication as prescribed by their physician. I will send the medication in the bottle properly labeled by the pharmacy with their name and instructions.

Name of medication \_\_\_\_\_

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

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

The medication is to remain in school. (Yes) (No)

Medication is to be picked up each day by the child. (Yes) (No)

Medication is to be refrigerated. (Yes) (No)

*Please provide the information below to inform you when refills are needed.*

Parent Phone # \_\_\_\_\_

Parent email: \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Nurse \_\_\_\_\_ Date \_\_\_\_\_

**ALL MEDICATION brought to school must be in the original labeled container.**

- All medication must be brought to school by the **PARENT**
- The parent must sign a permission slip when the medication is brought.
- Any medication not picked up by a parent at the end of the school year will be discarded.
- Prescription medications will be given as per the label on the bottle.
- Over the counter medications may be given for short term illnesses only. If the short term condition persists for more than 3 days, a permission note or prescription must be obtained from the family physician before the medication will be continued.
- Only FDA approved medications will be given.

If there are any questions, please contact School Nurse @\_979-277- 3832