

JUDSON INDEPENDENT SCHOOL DISTRICT

TO BE FILLED OUT FOR ALL CHILDREN RECEIVING MEDICATION THAT IS TO BE ADMINISTERED WHILE THE CHILD IS IN SCHOOL.

I REQUEST THAT MY CHILD \_\_\_\_\_  
BE GIVEN THE FOLLOWING MEDICATION WHILE IN SCHOOL.

GRADE \_\_\_\_\_ TEACHER \_\_\_\_\_ DOB \_\_\_\_\_

NAME OF MEDICATION: \_\_\_\_\_

TIME GIVEN: \_\_\_\_\_

AMOUNT OF DOSAGE: \_\_\_\_\_

LENGTH OF TIME TO BE GIVEN: \_\_\_\_\_

MEDICATION MUST BE BROUGHT IN THE ORIGINAL PRESCRIPTION CONTAINER WITH THE FOLLOWING INFORMATION:

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHONE

JUDSON INDEPENDENT SCHOOL DISTRICT

TO BE FILLED OUT FOR ALL CHILDREN RECEIVING MEDICATION THAT IS TO BE ADMINISTERED WHILE THE CHILD IS IN SCHOOL.

I REQUEST THAT MY CHILD \_\_\_\_\_  
BE GIVEN THE FOLLOWING MEDICATION WHILE IN SCHOOL.

GRADE \_\_\_\_\_ TEACHER \_\_\_\_\_ DOB \_\_\_\_\_

NAME OF MEDICATION: \_\_\_\_\_

TIME GIVEN: \_\_\_\_\_

AMOUNT OF DOSAGE: \_\_\_\_\_

LENGTH OF TIME TO BE GIVEN: \_\_\_\_\_

MEDICATION MUST BE BROUGHT IN THE ORIGINAL PRESCRIPTION CONTAINER WITH THE FOLLOWING INFORMATION:

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHONE