

Lorenzo Independent School District

Kayla Morrison,
Superintendent

P. O. Drawer 520
Lorenzo, TX 79343

Date: _____

I give my permission for the school nurse to administer the following medication, which is in the properly labeled container, to my child.

Name of student: _____

Name of medication: _____

Directions: _____

Doctor's Name: _____

Pharmacy: _____

Prescription Number: _____

Amount received: _____

Please list all allergies student may have to any medications: _____

I assume all responsibility and release the school and the nurse of any responsibility of reactions that my child may have to the above medication.

Parent/Guardian signature: _____

Cheryl Norton, RN
School nurse