

Lorenzo ISD

District Nurse

Telephone: (806) 634-5593 ext. 252

Medication Administration Request

When it is necessary for your child to receive medication during the school day:

- * Parents/guardians must provide and deliver all prescription medications to the school.
- * All medications must be in the original container, clearly labeled with the student's name, the dosage, and/or age appropriate dose of medication, and directions for administration.
- * The Medication Administration Request must be completed each school year and when there are any changes to the original request, including a medication and/or dosage change.
- * Parents/guardians are strongly encouraged to pick up all medication immediately after it is discontinued. At the end of the school year all medication that has not been picked up by the parent/guardian will be destroyed.

Date: _____ Last Name: _____ First Name: _____

DOB: _____ Teacher: _____ Grade: _____

Allergies: _____ Medication: _____

Dose: _____ Expiration Date: _____ Administration Time: _____

CONDITION for which medication is required: _____

Special instructions / precautions / side effects of medication on your child: _____

Physicians' Name: _____ Phone #: _____

My signature below indicates that I request that LISD nurse administered the medication specified above to my child, and I am giving my permission for LISD staff to contact the physician for additional information, if needed.

PARENT/GUARDIAN NAME: _____ SIGNATURE: _____

Phone (Home): _____ (Work): _____ (Cell): _____

Medication Count: (Controlled Medications Must be Counted)

FOR LISD STAFF ONLY!

Date	# Pills	Counter's Signature	Witness Signature	Date	# Pills	Counter's Signature	Witness Signature

End-Of-Year Medication Dispensation:

Dates Phone contact Attempted- OPTIONAL	Initials	Date Med Picked Up by Parent/Guardian- REQUIRED	Initials
		Date Med to be Destroyed -REQUIRED	Initials