

WALLER INDEPENDENT SCHOOL DISTRICT

PHYSICIAN'S REQUEST FOR ADMINISTRATION OF MEDICATION

Parent/Guardian – Please complete				
<u>Print</u> Student's Last Name		First Name		Middle Name
Grade	Student ID if known	Birth Date mm/dd/yy	School	Homeroom Teacher
This is your permission to give medication to my child named above as requested by the physician in the manner below.				
Parent signature		Home Phone		Work Phone
Printed Name		Cell Phone		Date

Physician – Please Complete						
To the principal: In order to keep this child in optimum health and to help maintain maximum school performance, it is necessary that medication be given during school hours.						
NAME OF MEDICATION (Trade Name):			Rx #:			
COLOR IF APPLICABLE:						
FORM OF MEDICATION: (CIRCLE ONE)		Tablet	Pill	Capsule	Liquid	Inhalation
		Other: _____				
DOSAGE (amount to be given):						
How often or what time:						
The parent knows of this request and is in full agreement that this medication will be supplied as needed. Should the student manifest any of the following symptoms caused by the medication, please contact the parent or my office.						
Remarks:						
Physician's Signature			Office Phone			
Printed Name			Date			

Waller ISD Board Policy [FFAC \(Local\)](#) Excerpt:

No employee shall give any student prescription medication, nonprescription medication, herbal substances, anabolic steroids, or dietary supplements of any type, except as provided below. Employees authorized by the Superintendent or designee may administer to students:

1. Prescription medication in accordance with legal requirements, for a period of up to ten days. [See [FFAC\(LEGAL\)](#)] A written request by a physician or other health-care professional with authority to write prescriptions shall be required when the medication must be administered for a longer period.
2. Nonprescription medication, upon a parent's written request, when properly labeled and in the original container.
3. Herbal substances or dietary supplements provided by the parent and only if required by the Individualized Education Program or Section 504 plan of a student with disabilities.
4. Nonprescription medication provided on an emergency basis by the District and consistent with:
 - a. Protocols established by the District's medical advisor who must be licensed to practice medicine in the state of Texas; and
 - b. Parental consent given on the emergency treatment form.