

Parents(s) or Guardian(s) Permission Form for Administering  
Prescriptive and Non-Prescriptive Medication During School Hours

Please refer to the SIS handbook regarding policies on medication administration.

We must have a signed note from the parent(s) or guardian(s) stating:

1. Name of student
2. Name of medication
3. Amount to be given
4. Date and time to be given
5. Signature of parent or guardian

If medication is a long term (30 days or more) a permit from the doctor is needed as well as a permission form completed by parent(s) or guardian(s).

All medications are included: Pills, liquids, creams, sprays, cough drops, ointments, etc. If you have any questions, please contact the School Nurse's Office at the Salado Intermediate School (947-6944).

In order to keep this child in optimum health and maintain school performance, it is necessary that the medication be given during school hours. I hereby request the administration of the following medication to my child.

Name of Student: \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_  
Name of medication: \_\_\_\_\_ Amount to be given \_\_\_\_\_  
Date and time to be given \_\_\_\_\_

As the parent or legal guardian of the above named student, I have read the policies pertaining to school personnel administering prescriptive and non-prescriptive medication and give my permission for the above named student to receive medication while at school.

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature