

Covington ISD

MEDICATION PERMISSION SLIP

Dear Parent/ Guardian,

According to the Texas State Law and Covington Independent School District policy, ALL medications that are to be administered at school must comply with the following guidelines:

1. **All medications given must be in the original container.**

(This includes both prescription and over-the-counter medicines. The medicines have to be FDA approved and age appropriated with dosage information clearly marked on the container.)

2. **All medications must be accompanied by a dated permission slip signed by the parent/legal guardian.**

(Please include instructions for over-the counter medication. Prescription drugs will be given as indicated on the label.)

3. **The over-the-counter medication may not be given more than three consecutive school days without physician's orders to do so.**

4. **Medications purchased in a foreign country (for example, Mexico) cannot be given.**

5. **No Medication Is Supplied By The School.**

Please help us to ensure the health and safety of your child by following the above guidelines.

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Student _____ Grade _____

<u>Medication</u>	<u>Dosage</u>	<u>Directions</u>	<u>Time</u> to be given	<u>Pill</u> <u>Count</u> <small>(Controlled drugs)</small>	<u>Parent/ Student</u> <u>Initial ± Nurse</u> <u>initials</u> <small>(for pill count)</small>

I request that the above medications be given to my child as directed. I hereby give permission to the school nurse to contact the prescribing physician with any questions related to the above medications.

() Child to carry empty bottle home for refill _____ (initial)

() Child to take medication home at the end of the school year _____ (initial)

() Medication to be discarded at the end of the school year if not picked up by child/ parent _____ (initial)

Parent/Guardian Signature

Date

Daytime Phone Number

For Clinic Use Only:

() Med sent home with student (Date _____)

() Med sent home with parent (Date _____)

