Campus_____ School Fax_____

Northside Independent School District
Health Services Department

Physician/Parent/Guardian Request for Administration of Medicine/Special Procedure
by School Personnel

Special health care procedures and medications may be administered at school by school personnel when such treatment is necessary for school attendance and cannot otherwise be accomplished. This completed form along with the medication and/or special equipment items are to be brought to the school by parent/guardian.

Prescribed medication/treatment may be administered by a school nurse or by a non-health professional designate of the principal. The medication should be brought to school in the original container appropriately labeled by the pharmacy. Parent/Guardian may request that the pharmacist dispense two bottles of medication, one for home and one for school.

It is recommended that the parent/guardian take this form with your child at the time of the scheduled doctor's visit, so that any extra charge will not be made by the physician's office.

Name of Student_____Birth Date_____
Address_____
Diagnosis(es)_____
_____
Physical condition for which the procedure is to be performed:_____
_____
Medical orders for procedures and medication which are to be done at school:_____
_____
Precautions, possible untoward reactions, and interventions:_____
_____
Time schedule and/or indication for the procedure:_____
_____
The procedure is to be continued as above until (date):_____
Other_____
_____
Physician's Signature_____Date_____
Physician's Name_____ _____
(same as name above, please print) Phone #
Address_____Fax # _____
Do you wish a follow-up report from the nurse? Yes_____ No_____
Parent/Guardian:
We (I), the undersigned, the parent/guardians of _____Date_____
Student's Name
Request that the above medication or procedures be administered to our (my) child.

_____/_____Telephone_____ / _____
Parent/Guardian Signature Relationship Home Business