



SAN ANTONIO INDEPENDENT SCHOOL DISTRICT
STUDENT HEALTH SERVICES DEPARTMENT

MEDICATION PERMISSION REQUEST FORM

Note to parents/guardians:

The San Antonio Independent School District has strict rules that outline the steps that must be taken before medication is dispensed to students on campus. We want to assist you and your child in understanding these rules so that he/she is not in serious violation of the SAISD Student Code of Conduct and subject to disciplinary action.

Students are not allowed to carry any medications on their person, including non-prescription medications. Medications will be maintained and dispensed by health personnel. The following steps must be taken before a student is allowed to take medication at school.

- 1. Parent/guardian must present this completed consent form to the campus nurse.
2. Parent/guardian must bring the medication in the original prescription bottle, properly labeled by a registered pharmacist as prescribed by law.

Long term medication (more than 10 days) may be given by District personnel provided that the prescribing health care provider completes the remainder of this form.

Name of student: _____ Date of Birth: _____

School: _____ Grade: _____ ID#: _____

TO BE COMPLETED BY HEALTH CARE PROVIDER

Table with 5 columns: Name, Strength, Dose, Time (at school), Route. Rows for Medication #1, #2, and #3.

Allergies: _____

Special instructions: _____

Printed Name of Health Care Provider Signature of Health Care Provider Phone Number Date

TO BE COMPLETED BY PARENT

I, _____, give permission for my child to receive the above medication as directed. I also give permission for my child to be photographed for identification purposes only. I give my permission for my child's physician to share written or verbal information with the school nurse for the duration of this school year.

Signature of parent/guardian: _____ Date: _____

Telephone Numbers: (HOME) _____ (WORK) _____



SAN ANTONIO INDEPENDENT SCHOOL DISTRICT
STUDENT HEALTH SERVICES DEPARTMENT

FORMA PARA SOLICITAR PERMISO
DE USO DE MEDICINAS

Nota para los padres / tutores:

El Distrito Escolar Independiente de San Antonio tiene estrictas normas que delinear todos los pasos que deben de ser tomados antes de que cualquier medicina les sea administrada a los estudiantes en la escuela.

No les está permitido a los estudiantes el tener medicamentos en su posesión, incluyendo medicinas para las que no se necesite receta médica. Los medicamentos estarán en posesión y serán administrados por el personal de salubridad del Distrito.

- 1. El(la) padre/madre o tutor(a) debe de presentar esta forma completa a la enfermera de la escuela.
2. El(la) padre/madre o tutor(a) debe de traer la medicina a la escuela en la botella original en que fue recetada, debidamente etiquetada por un farmacéutico registrado como está prescrito por la ley.

Medicinas que vayan a ser administradas por largo plazo (más de 10 días) pueden ser administradas por el personal del Distrito proveyendo que el médico que las receta complete el resto de esta forma.

Nombre del estudiante: Fecha de nacimiento:

Escuela: Grade: ID#:

TO BE COMPLETED BY HEALTH CARE PROVIDER

Table with 5 columns: Name, Strength, Dose, Time (at school), Route. Rows for Medication #1, #2, and #3.

Allergies:

Special instructions:

Printed Name of Health Care Provider Signature of Health Care Provider Phone Number Date

A SER COMPLETADO POR LOS PADRES O TUTOR

Yo, Nombre del Padre/Madre o Tutor, doy mi permiso para que mi hijo(a) reciba el medicamento mencionado anteriormente como fue recetado. También doy permiso para que mi hijo(a) sea fotografiado(a) solamente por el intento de identificación.

Firma del padre/tutor: Fecha:

Teléfono: (CASA) (TRABAJO)