

Forestwood Middle School

Parent/Guardian Permission to Carry Meds at School

Students may carry over-the-counter medication (ex. Tylenol, ibuprofen, Midol, etc.) and some prescription medication (ex. antibiotics). They need to:

1. Keep the medication in the original container.
2. Carry a written note from the parents/guardians listing the medication and instructions for its use. The note should include, date, parent/guardian signature, and phone number. You may use the permission form below.
3. **DO NOT SHARE MEDICATION with anyone.**

In order to carry **INHALERS and EPI-PENS**, you must submit to the school nurse a **Medication Self-Carry Agreement** completed by the student's parent/guardian and doctor. These agreement forms are available from your school nurse and on the Lewisville ISD Health Services website at www.lisd.net/healthsvcs/forms.htm.

Students may NOT carry controlled substances. All controlled substances, including behavior modification drugs, **must be kept and administered by the school nurse.** If your child requires this medication at school, please contact the nurse for the required forms. Thank you.

(cut on line)

Medication Permission Form

Date _____

I, _____ (parent/guardian) give permission for
_____ (student) to carry and
take _____ (medication name). S/he may take _____ mg
every _____ hours. From _____ (start date) to _____ (end date).

Please list all other medication s/he currently takes _____.

I have discussed with my child why, when and how to take this medication; all side-effects that are indicated; and to not share this medication with anyone.

_____ (parent/guardian signature)

Emergency Contact Number: _____

STUDENTS: KEEP THIS FORM WITH YOUR MEDICINE