

# 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](http://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.

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(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**