

Lewisville ISD
ESD Emergency Rescue Medication Form

ESD does not have access to Medication(s) provided to the school Nurse. Emergency Rescue Medication must be provided to ESD along with this Medication Form.

I, _____, hereby request that the Extended School Day staff at _____ Elementary School administer the following medication(s) to my child, _____:

Prescription Medication (Inhalers, Epi-pens, etc.) Medications must be in the original prescription bottle (or packaging) with the original prescription label attached.

Medication:	Dosage:	Frequency:	Indication for use:
1) _____			
2) _____			
3) _____			

I acknowledge that I have requested Lewisville Independent School District (LISD) employees to administer medication to my child as described above, and that all medication I provide to LISD employees to administer to my child will be in the original container and properly labeled. I further acknowledge that, although LISD employees take great care to administer medication to my child in the safest manner possible, LISD employees are immune from civil liability under state law from damages or injuries resulting from the administration of medication to my child.

Parent Signature

Date