

Lewisville ISD

Non Prescription Medication Request

The Lewisville School District will assist parents by administering approved nonprescription medications for a limited period of time not to exceed five days. The nonprescription medication must be delivered to the school in the original container with a manufacturer's label identifying the medication, dosage schedule and student's name. A prescription is required after 5 days.

Name of student _____ Age _____ Grade _____

Medication _____ to take for _____

Start date at school _____ End date at school _____ (no more than 5 days)

Amount to give _____ every _____ hours _____

Or, administer the medication when these signs and symptoms occur _____

_____ every _____ hours.

Are you giving the medication at home? Yes _____ No _____

Very Important!!

Include a note with the medication to notify the school of the time of the last dose at home on the days that this medication is at school . If none, state "None".

Medication requests must be deemed necessary to maintain or improve health and participation in the school program. Each request will be assessed for the most appropriate intervention. Indications and directions for nonprescription drugs must be age appropriate.

Medications may NOT be transported by the student. Parents are required to bring the medication to the clinic and pick up any remaining medication at the end of the 5 day treatment period or it will be disposed of.

.....

PARENT STATEMENT:

As parent/guardian of the above named student, I request the Lewisville School District to give the medication named above on this form.

I will notify the nurse if I give this medication to my child before arrival at school, while this request is in effect, to prevent an overdose.

Signature of Parent/Guardian _____ Date _____

Home Phone/Cell Phone _____ Work/Emergency Phone _____

School Nurse Signature _____ Date _____ School _____