

# 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.**

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#### **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 \_\_\_\_\_