

# **Reagan County Independent School District**

1111 12<sup>th</sup> Street ♦ Big Lake, Tx 76932 ♦ 325-884-3705 ♦ FAX 325-884-3021

## REQUEST FOR ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

Name of Pupil \_\_\_\_\_ Teacher \_\_\_\_\_

Condition for which medication is to be given: \_\_\_\_\_

\_\_\_\_\_  
Name of Medication \_\_\_\_\_

Dosage to be given and method it is given \_\_\_\_\_

Time to be given \_\_\_\_\_

Special instructions or reactions to look for \_\_\_\_\_

\_\_\_\_\_  
Physician's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

*☑ This signed and completed form must accompany the prescription medication to the nurse's office (or Campus Secretary's office) in order for the medication to be given.*

**Prescriptions must be in English and the medication must be from the United States>**

School Use Only:

Nurse's or Secretary's Signature: \_\_\_\_\_

Date received in office \_\_\_\_\_