

Terrell County ISD

Parental Permit to Administer Prescription or Non-Prescription Medication at school 7 Days or Less

Student Last Name	First	Mi	Age
Grade	Teacher		

Prescription Drugs
Name of Drug
Time to be Given
Amount to be Given

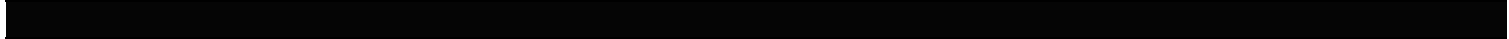
Non Prescription Drugs
Name of Drug
Time to be Given
Amount to be Given

Reason medication being given

Number of Tablets	Pill	Capsules	Other
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Send only amount student needs to take at school in properly labeled, original container, so that student will not be required to carry medication back and forth from home to school.

Parent/Guardian Signature	Date
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Physicians- Parent Permit to Administer Prescription or Non-Prescription medication at School for More Than 7 Days

Student Last Name	First	Mi	Age
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Grade	Teacher
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Reason medication being given

Name of Medication	Dosage
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Form of Med (i.e. Tab, Cap, etc.)

How Often	When to DC
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Possible toxic reactions

Physician Signature	Date	Phone #
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Parent Signature	Date
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