



Texas City Independent School District  
1700 Ninth Avenue North, P.O. Box 1150, Texas City, Texas 77592-1150

***In-School Administration of Medication***

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**Parent Request and Doctor Orders**

***Per Texas City Independent School District policy, school nurses are not permitted to give medication of any kind, prescription and non-prescription, unless a physician requests in writing that there is a need for such medication.***

Date \_\_\_\_\_

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Diagnosis \_\_\_\_\_

Route: \_\_\_\_\_ Dosage: \_\_\_\_\_

How often or at what time: \_\_\_\_\_

Start Date: \_\_\_\_\_ Stop Date: \_\_\_\_\_

*(All authorizations expire at the end of the school year.)*

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Physician's Phone Number

- The doctor's statement must be accompanied by written permission of at least one parent.
- I agree to be responsible for maintaining an adequate supply of prescription medication at the school to meet your child's needs.
- I give permission for the medication(s) to be given to my child by designated personnel as delegated by the school nurse.

\_\_\_\_\_  
Parent/Guardian Signature      Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_