



FRISCO INDEPENDENT SCHOOL DISTRICT
School Health Services

**PARENTS REQUEST FOR ADMINISTRATION OF MEDICATION
BY SCHOOL PERSONNEL**

Name of Pupil _____ Date of Birth _____
Teacher _____ Grade _____

I do hereby request that school personnel of the Frisco Independent School District administer the medication set forth below to my child. The medication must be administered during school hours and I cannot personally supervise this activity. I have supplied all information concerning the dosage of the medication and method of administration or requested that it be supplied by my child's physician. I do hereby release the Frisco Independent School District, its agents, servants, employees and medical advisors from any liability in connection with the administration of this medication.

I understand that my child requires medication(s) to be on hand during field trips away from the school campus. I give my permission for the school to send this medication (these medications) on the field trip with my child. All medication(s) will be sent in a single dose container and clearly marked with my child's name and instructions. An assigned teacher who has been given instructions, has verbalized understanding of medication administration and has performed demonstration of medication administration, will be in charge of dispensing the required medication as directed on the field trip.

Medication: _____
Time: _____
Start Date: _____ End Date: _____
Dosage and Route: _____
Special Instructions: _____

Medication: _____
Time: _____
Start Date: _____ End Date: _____
Dosage and Route: _____
Special Instructions: _____

Physician's Name _____ Phone Number _____
Physician's Signature (if needed) _____
Parent's/Guardian's signature _____ Date _____

Information concerning this medication and my child's health may be shared with/obtained from the above named physician. Parent's signature _____ Date _____