PLANO INDEPENDENT SCHOOL DISTRICT

Medication Request Form (HS 001, Sp. Ed 0028)

Student's Name _____ Grade _____ Drug Allergies _____

Please follow the guidelines below when sending medication to school:

1. ***All medications*** must be brought to the clinic for administration. Students are not to have medication in their possession.
2. Only medication that cannot be given at home will be given at school.
3. Send only the number of doses your child will need at school. Keep the remainder of doses at home.
4. Send medication in the ***original container or box. Prescription medication*** must have the student's name and the pharmacy label on the bottle.
   Ask the pharmacist for a school bottle. Please ask pharmacist to label the inhaler when sending asthma medication. (There is no room for storing labeled boxes.) Medication sent in a baggy, envelope, foil, etc. will not be given.
5. It is the student's responsibility to come to the clinic at the correct time for medication. The student will not be called to come get medication.
6. It shall be the responsibility of the parent to take unused medication home. Any unused medication will be destroyed two weeks after last dosage. Medication that has expired or is not picked up at the end of the school year will be thrown away.

Name of Medication _____ Dosage _____ Time to be given _____

❑ Prescription No. _____ Date filled _____

❑ Over the Counter

Name of Medication _____ Dosage _____ Time to be given _____

❑ Prescription No. _____ Date filled _____

❑ Over the Counter

_____ _____ _____

Parent's Signature Date Parent's Phone Number