



Jarrell Independent School District

P. O. Box 9 - 312 North 5th Street
Jarrell, Texas 76537
512-746-2124 Fax 512-746-2518

Prescription Medication Form

() Igo Elem. () JES () Middle () High

Dear Parent/Guardian/Physician,

Students who bring any form of medication from home must take the medication to the nurse's office upon arriving at school. Students who take a prescription during the school day must bring a written request from their parent, and the medicine in its properly labeled bottle, to the school nurse. The nurse will either give the medicine at the proper times or give the student permission to take the medication as directed. (Student Handbook)

A. To be completed by the parent or guardian:

I request that my child _____ DOB _____ receive the medication as prescribed below by our physician. The medication is to be furnished by me in the properly labeled original container from the pharmacy*. I understand that the school nurse, or other designated person in the case of the absence of the school nurse, will administer the medication, including field trips to my child.

B. To be completed by physician or parent:

MEDICATION	DOSAGE/ROUTE	FREQUENCY/TIME TO BE TAKEN	DIAGNOSIS/REASON	DURATION OF TX

I request that my patient, as listed below, receive the following medication:

Possible Side Effects and Adverse Reactions (if any):

Physician's Signature _____ **Date:** _____
(Unless labeled pharmacy bottle)

Address: _____ **Phone:** _____

Signature (Parent or Guardian): _____ **Print** _____

Telephone: Home _____ **Work** _____ **Date** _____

* Medication must be in original pharmacy labeled container with specific orders and name of medication.
* If medication is a sample a note/prescription from the Doctor is required. Revised 4/4/2019