



# Jarrell Independent School District

504 North 5th Street., Jarrell, TX - [www.jarrellisd.org](http://www.jarrellisd.org) - 512-746-2124

Dear Parent/Guardian/Physician,

Students must have a signed Medication Form permitting staff to give medications **Over-the-counter** medications MUST have a Physician's order. Per state law, we can not accept over-the-counter medications without a physician's order. All medications must be current and in their properly labeled bottles.

**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\* or a physician order is needed for over-the-counter medication in an unopened container. I understand that the school nurse or another designated person will administer the medication to my child in the nurse's absence.

**B. To be completed by physician or parent:**

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

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

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 \_\_\_\_\_

Proud home of *The Cougars!*