

Trafton Academy
4711 McDermed
Houston, Texas 77035

Phone: 713-723-3732

Fax: 713-723-1844

PHYSICIAN'S REQUEST FOR ADMINISTRATION OF MEDICATION AT SCHOOL

DATE: _____

NAME OF CHILD: _____
LAST FIRST MIDDLE

BIRTHDATE: _____ GRADE: _____

In order to keep this child in optimum health and to help maintain school performances, it is necessary that medication be given during school hours.

Name of medication: _____ Dosage: _____

Form of medication to be given is circled below:

Tablet Capsule Liquid Inhalation Injection Other _____
(*no injection will be given except in extreme emergency)

Administration of medication is to BEGIN on _____ and END on _____.
Date Date

Times at which medication is to be administered:

MEDICATION _____ DOSE _____ TIME _____

MEDICATION _____ DOSE _____ TIME _____

MEDICATION _____ DOSE _____ TIME _____

Side effects which should be reported to the physician: _____

Special instructions for administration of medication: _____

Physician's Signature/Date

Physician's Phone Number

This is your permission to give medication to my child named above as requested by the physician. I understand that Trafton Academy does not have any medically trained personnel on staff. I hereby release Trafton Academy, including all personnel from liability regarding the administration of the above medication.

Parent's Signature/Date

Parent's Phone Number

Note: There must be written notification to school employees if any information provided by the physician changes. All medication must be delivered to the school by a parent in the container in which it was dispensed by the prescribing physician or pharmacist. Students are not permitted to carry any type of medication on campus.