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_____ 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.