FORT WO[illegible]

Medication Administration Request Form

Student [illegible] of Birth: ____________________

School Name: ____ Grade: __________

Physician/Licens[illegible] rescriber to complete: M[illegible]

Allergies: ____

[illegible]ICATION(S)	STRENGTH	D[illegible]	[illegible]	ROUTE	[illegible]ME(S)	COMMENTS

Physician/Licensed Prescrib[illegible] Signature: ______________________________ Date: __________

Physician/Licensed Prescriber's Printed Name: ______________________________

Pho[illegible]: __________ Fax: __________

[illegible] dian to complete:

I here[illegible] represent and attest that I am the parent or legal guardian of the above named student. I he[illegible] request that [illegible]cation(s) specified above be administ[illegible] above named student begi[illegible] on the following date: ______________ an[illegible]ing on the fol[illegible]ing date: ______________

As long as a physician [illegible] authorizes a refill of any prescription set forth above, [illegible] authorization shall [illegible] any such [illegible]

members, he[illegible], assigns, and successors. I also agree and do he[illegible] waive and release all claims [illegible]

agent, or other person ar[illegible]

named stud[illegible] 's physician/licensed prescriber regarding any questions that arise with regard to the listed medication(s) or medical condition(s) being treated by the medic[illegible]on(s).

Parent/Legal Guardian's Signature: ______________________________ Date: __________

[illegible]nt/Legal Guardian[illegible]

Telephone: [illegible]me __________ Cell __________ Work __________

CONFIDENTIAL PROTECTED HEALTH INFORMATION [illegible] meaning o[illegible] criminal [illegible] under Federal an[illegible]

FORT WORTH INDEPENDENT SCHOOL DISTRICT

Health Services Department

[illegible]

Texas [illegible] law perm[illegible] public school to administer medication prescribed by a physician/licens[illegible] prescriber to a child on beh[illegible] the parent or legal guardian und[illegible] [illegible] medication can be given before school [illegible] conditions:

1. Medications must be in [illegible] original, properly labeled contain[illegible]s. The [illegible] bottles for this purpose. Medications [illegible] in ba[illegible]

2. Medications will not be given without a specific written request signed by at least one parent or legal [illegible] by the [illegible]

3. [illegible] nurse. [illegible]

4. [illegible]

5. [illegible] to students.

6. Her[illegible] [medi]cations, dietary supplements and other nutritional aids not approved [illegible]

Please contact your sch[illegible] nurs[illegible]

School Nurse: ______________________________

School: ______________________________

Phone Number: ______________________________