



## Parent Authorization for Prescription Medication

**TAYLOR INDEPENDENT  
SCHOOL DISTRICT**

School Year: \_\_\_\_\_

**FOR NURSES:** Please fill out all prescription information or attach a copy of the prescription label.

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Medication Name and Strength	Dose to be Administered and Route	Time(s) to be given at school	Reason for Administration

\*I understand that the first dose of this medication will not be administered by any Taylor ISD staff.

Medication start date: \_\_\_\_\_ Medication stop date: \_\_\_\_\_

**FOR PARENTS/GUARDIANS: Please acknowledge the following and sign.**

In order to administer any prescription medication, Taylor ISD requires the medication be in the original, properly labeled container with a current prescription showing the student's name, dosing amount, route of administration, time(s) to be administered at school and length of treatment. The medication cannot be expired. Written authorization from parent/guardian must also be on file with the school nurse. The first dose of this medication may not be given at school.

- ☐ I request that the above medication be given during school hours, as prescribed
- ☐ I request that the above medication be given on field trips, if needed, as prescribed
- ☐ I will notify the school nurse of any change in the medication (dosage, administration time etc) and provide an updated prescription to reflect the change
- ☐ I give permission for the school nurse to communicate with the student's teachers about the student's health condition and actions of the medication
- ☐ I give permission for the medication to be administered by principal designated staff
- ☐ I understand that the above prescription can only be used for the current school year and a new order will need to be obtained for each school year
- ☐ I understand that all prescription medications must be picked up by a parent/guardian at the end of the school year or once the designated treatment has been completed

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR SCHOOL USE ONLY**

Received by: (Print Name) \_\_\_\_\_ Date: \_\_\_\_\_