

**LOCKHART INDEPENDENT SCHOOL DISTRICT
HEALTH SERVICE**

To: Parents/Guardians,

In order to ensure the safe dispensing of medication during the school day, the following information must be completed.

Medication must be brought to school in the original container with proper labeling. Medications brought to school will be kept in the campus health clinic.

If possible, parents/guardians should bring the medication to the child's school. It is strongly urged that "controlled" medication be brought to the child's school by the parent or guardian.

I, _____, request that authorized personnel
(parent/guardian signature)

(nurse, health aide, office staff, teacher) give my child _____
(child's name)

the medication prescribed by Dr. _____ each day

at _____ A.M. _____ P.M. Dosage _____

for _____ number of days.

Name of Medication _____ Date _____

Start _____ Stop _____

Refrigeration _____ Cabinet _____

School _____ Teacher _____

Medication to remain at school _____ Medication to be sent home _____