

Campus \_\_\_\_\_

School Fax \_\_\_\_\_

**Northside Independent School District  
Health Services Department**

**Physician/Parent/Guardian Request for Administration of Medicine/Special  
Procedure  
by School Personnel**

Special health care procedures and medications may be administered at school by school personnel when such treatment is necessary for school attendance and cannot otherwise be accomplished. This completed form along with the medication and/or special equipment items are to be brought to the school by parent/guardian.

Prescribed medication/treatment may be administered by a school nurse or by a non-health professional designate of the principal. The medication should be brought to school in the original container appropriately labeled by the pharmacy. Parent/Guardian may request that the pharmacist dispense two bottles of medication, one for home and one for school.

It is recommended that the parent/guardian take this form with your child at the time of the scheduled doctor's visit, so that any extra charge will not be made by the physician's office.

Name of Student \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Diagnosis(es) \_\_\_\_\_

Physical condition for which the procedure is to be performed: \_\_\_\_\_

Medical orders for procedures and medication which are to be done at school: \_\_\_\_\_

Precautions, possible untoward reactions, and interventions: \_\_\_\_\_

Time schedule and/or indication for the procedure: \_\_\_\_\_

The procedure is to be continued as above until (date): \_\_\_\_\_

Other \_\_\_\_\_

**Physician's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Physician's Name \_\_\_\_\_

(same as name above, please print)

Phone # \_\_\_\_\_

Address \_\_\_\_\_ Fax # \_\_\_\_\_

Do you wish a follow-up report from the nurse? Yes \_\_\_\_\_ No \_\_\_\_\_

**Parent/Guardian:**

We (I), the undersigned, the parent/guardians of \_\_\_\_\_ Date \_\_\_\_\_

Student's Name

Request that the above medication or procedures be administered to our (my) child.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Telephone \_\_\_\_\_

**Parent/Guardian Signature**

Relationship

Home

Business