

GALENA PARK ISD  
MEDICATIONS AT SCHOOL

School emplo

A. MEDICINE :

1. Prescription medicine
  - a. MUST be in the original prescription container for the specific child.
  - b. Labeled
    1. Current date
    2. & K L O G ¶ V Q D P H
    3. Name of medication
    4. Specific instructions
    5. ' R F W R U ¶ V Q D P H
    6. 7 H D F K H U ¶ V Q D P H
2. Non prescription medicine
  - a. Original container
  - b. Student and W H D F K H U ¶ V Q D P H R Q F R Q W D L Q H U

B. PERMISSION:

1. Parent or guardian
  - a. Written permission to give medicine at school.
  - b. 7 K H D P R X Q W W R E H J L Y H Q ' R V D J H P X V W D J U H H Z L W
2. Time to be given.

NARCOTIC MEDICINE, OR MEDICINE CONTAINING NARC OTICS, WILL NOT BE ADMINISTERED AT SCHOOL FOR THE SAFETY OF THE CHILD. Example: medication with codeine. If the registered nurse at school should question the administration of any particular medication as excessive or potentially harmful, the parent should be contacted.

I give permission for \_\_\_\_\_ to be administered to:  
(Name of medication)

\_\_\_\_\_ by the school personnel. This is to be administered at: \_\_\_\_\_  
(Student Name) (time)

Daytime phone # \_\_\_\_\_ Allergies: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

FOR SCHOOL USE ONLY

Rx#: \_\_\_\_\_ Medication Name: \_\_\_\_\_  
 Pharmacy: \_0 g 0 G [(\_\_\_\_\_)24(\_\_\_\_\_)24(\_\_\_\_\_)24(\_\_\_\_\_)24( 12 792 792 792 792 792 792 792 792 795 \_\_ ) 792DPy: \_\_\_\_\_

