



Savoy ISD

304 West Hayes Street
Savoy, TX 75479
903-965-7738

MEDICATION REQUEST FORM

Prescription and Over the Counter (OTC)/Non-Prescription medication

Only medications that are medically necessary during school hours for a student's attendance should be sent to school. School personnel are not responsible for any ill effects which might occur from these medications.

Persons who may assist your child with medication include the school nurse and trained campus staff. Parent/guardian must complete a medication request form. The medication must be in the original container and properly labeled with student's first and last name. This is a state requirement.

NOTE: IF THIS IS THE FIRST TIME FOR YOUR CHILD TO RECEIVE THIS MEDICATION WE CAN NOT GIVE THE FIRST DOSE.

NAME OF STUDENT: _____ DOB: _____

TEACHER: _____ GRADE: _____

MEDICATION: _____

DOSAGE (amount): _____

TIME(s) TO BE GIVEN AT SCHOOL: _____

REASON/HEALTH CONDITION: _____

HOW IT IS TAKEN: _____

(example: by mouth, by inhaler, with food or after meals)

PARENT/GUARDIAN SIGNATURE DATE

DAYTIME PHONE

PRESCRIBING PHYSICIAN'S NAME

PHYSICIAN'S PHONE