

**Second Baptist School  
Physician Permit to Administer Prescription Medication  
Or More Than 15 Consecutive Days of Non-Prescription Medication**

*This form must accompany the medication. No medication will be given until this form is on file in the nurse's office. This completed form may be faxed to the SBS Nurse at 713-365-8608.*

**PHYSICIAN TO COMPLETE THE FOLLOWING SECTION**

**STUDENT NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**NAME OF MEDICATION:** \_\_\_\_\_  
(One form for each medication)

**CONDITION BEING TREATED:** \_\_\_\_\_

**START THE MEDICATION ON:** \_\_\_\_\_ **MEDICATION COMPLETED ON:** \_\_\_\_\_

**TIME TO BE GIVEN:** \_\_\_\_\_ **DOSAGE:** \_\_\_\_\_

**FORM OF MEDICATION:**      **TABLET**      **CAPSULE**      **LIQUID**      **INHALANT**      **TOPICAL**  
(Circle one)  
   **OINTMENT**      **SPRAY**      **CHEWABLE**      **DROPS**      **OTHER**

**POSSIBLE SIDE EFFECTS:** \_\_\_\_\_

**PHYSICIAN'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PHYSICIAN'S PRINTED NAME:** \_\_\_\_\_

**PARENT TO COMPLETE THE FOLLOWING SECTION**

The policy of Second Baptist School does not authorize Second Baptist School administrative personnel or teachers to give medication of any kind. That includes prescription as well as non-prescription drugs. However school nurses and specifically trained personnel may give medication during school hours under the following restrictions. Students who are non-contagious, on long-term medication, or on preventive medication for a prolonged period (fifteen consecutive days or more) that cannot under any arrangements be administered other than during school hours may take medication in school. The physician's statement must have the prescribing physician's signature as well as a parent/guardian signature.

- Prescription medication or non-prescription medication to be given for 15 days or more will be provided by the parent.
- Medication must be taken to the nurse's office the day the medication is to be started.
- Medication must be in the correctly labeled prescription container or manufacturer's package for that student.
- Parents of lower school students must make the child's teacher aware of the time the medication is to be given.
- Parents of middle and upper school students must make the student aware of the time the medication is to be given.
- Parents should have two prescription containers made if necessary, to avoid having to transport medications back and forth to the school. No zip-lock bags or other containers will be accepted.
- Medications are not to be kept in back packs, lockers, or lunch boxes, only in the nurse's office.
- All medications will be disposed of if they are not picked up by the last day of school.

**I hereby grant permission for the SBS Nurse or trained designate to administer medication to the aforementioned student according to the physician's instructions above. I understand the policies and procedures of SBS.**

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_