



# Southwest Christian School

STUDENT NAME \_\_\_\_\_ TEACHER/GRADE \_\_\_\_\_

### PRESCRIPTION MEDICATIONS BROUGHT FROM HOME

Starting Date	Name of Medication (s)	Strength (i.e., 12mg)	Dosage (i.e., 2 tabs, 1 tsp.)	Time to be given ( i.e., 12:00)

**Can carry inhaler:** Yes \_\_\_ No \_\_\_

**Can carry anaphylaxis medication:** Yes \_\_\_ No \_\_\_;

**Medication Allergies:** \_\_\_\_\_

\_\_\_\_\_  
*Physician's Name (printed)*

\_\_\_\_\_  
*Physician's Signature (prescription only)*

\_\_\_\_\_  
*Physician's Address (printed)*

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*Date*

I give permission for the above medication(s) to be administered to my child at school.

I understand that Southwest Christian School, the Board, and its employees are not liable for damages or injuries resulting from administration of medication to my child in accordance with Texas Education Code 21.905.

Parental consent: I consent to and authorize the health care provider to disclose health information to the school, and for the school to disclose the above information to those within the school district who have a need to know for legitimate educational purposes.

\_\_\_\_\_  
*Guardian Signature*

\_\_\_\_\_  
*Relationship*

\_\_\_\_\_  
*Home Phone*

\_\_\_\_\_  
*Work Phone*

Please let us know any pertinent medical information regarding the above medication for your student:

\_\_\_\_\_

