

SCHOOL YEAR 2011-2012

DEAR PARENT/GUARDIAN,

POLICY FOR NON-PRESCRIPTIONS DRUGS AT LORENA ISD ARE AS FOLLOWS: (1)MEDICATION PROVIDED BY PARENT IN ORIGINAL CONTAINER, (2)CONTAINER LABELED WITH CHILD'S NAME, (3)RELEASE FORM FILLED OUT, SIGNED AND ON FILE IN THE NURSE'S OFFICE. THIS WILL BE GOOD FOR THE ENTIRE SCHOOL YEAR. **LORENA ISD CAN NOT PROVIDE NON-PRESCRIPTION MEDICATIONS FOR ANY STUDENT AT ANY TIME. THEY MUST BE PROVIDED BY THE PARENT. (T.E.A. RULE)**

A STAFF MEMBER OF LORENA ISD MAY GIVE THE FOLLOWING MEDICATIONS TO: _____ GRADE: _____ FOR THE SCHOOL YEAR 2011-2012.

MEDICATION

DOSAGE

TYLENOL(Acetaminophen) ___ MG/___ ML _____

BENADRYL ___ MG/___ ML _____

ADVIL(Ibuprofen) ___ MG/___ ML _____

ROBITUSSIN___ (DM, CF,ETC.) _____

OTHER:

I GIVE MY PERMISSION FOR A STAFF MEMBER OF LORENA ISD TO GIVE MY CHILD THE ABOVE MEDICATION AS NEEDED.

PARENT/GUARDIAN SIGNATURE
RELATIONSHIP TO STUDENT _____

DATE

*****MUST BE LEGAL PARENT OR GUARDIAN TO SIGN FOR CONSENT*****