

## Gilmer Independent School District 500 South Trinity Gilmer, TX 75644 (903) 841-7400

## POLICIES GOVERNING ADMINISTRATION OF MEDICATIONS DURING SCHOOL HOURS

The policy of the Board of Education does not authorize Gilmer School District personnel to give medication of any kind, which includes aspirin, Tylenol, similar preparations, or any other similar drugs.

The nurse or other designated school personnel, however, will give medicine when the parent brings the medication to school in its original unopened bottle with the proper label and with a written request from the parent and the physician. If the medication is a prescription, a separate physician's note is not needed, unless the medication is an inhaler, EpiPen or insulin that the student will carry with them.

## PARENT'S REQUEST FOR ADMINISTRATION OF ANY MEDICATION AT SCHOOL

Date:	Name:	
Birthday:	Grade:	
Form of medication to b	e given (circle one):	
Tablet Capsule	Liquid	Inhalation
Other (specify):		
Name of Medication:		
For What Condition:		
Dosage (amount to be g	iven)*:	
Time or frequency*:		
*Please note that the nu written on the prescripti	_	age or frequency greater than what is bottle.
(Parent Signature)	(Date)	(Phone Number)
(Physician Signature)	(Date)	