



**LA JOYA I.S.D
HEALTH SERVICES**

Request and Consent for Administration of Prescription Medication

We/I, _____ and _____, the undersigned parent(s)/guardian(s) of _____, hereby request and consent for La Joya Independent School District, its agents, servants or employees to administer the prescription medication(s) indicated below to my/our child:

Medication	Dosage	Time	Amount	Dispensing Pharmacist

I appoint _____, a person who is 18 years of age or older to pick up the medication(s) at school on my/our behalf, and I authorize La Joya I.S.D. to release the medication(s) to _____.

I further agree to abide by the following rules:

1. I will personally bring the medication to the school nurse or send it with the person I have appointed herein above. The school nurse will not accept any medication delivered to school by my child.
2. The medication must be properly labeled and in the original container in which it is placed by the dispensing Texas pharmacist, otherwise the school nurse will not accept it.
3. If I need to administer the medication at home after school hours, I or the designated adult must pick up the medication at the school nurse's office no later than 30 minutes before the end of the school day. Medication will not be sent home with the child.
4. A new request and consent form must be filled out each time that a new medication is to be administered or each time there are changes in the dosage and/or time of any medication being presently administered.

Parent/Guardian Signature Date

Parent/Guardian Signature Date



**LA JOYA I.S.D
HEALTH SERVICES**

Grade/Teacher _____

Solicitud y Consentimiento Para Administrar Medicamento recetado por un Medico

Yo, nosotros, _____ y _____, los padres/guardián(s) de _____, pedimos que el Distrito Escolar de La Joya, su(s) designado(s) administre el medicamento recetado a mi (nuestro) hijo(a):

Medicamento	Dosis	Tiempo	Cantidad	Farmacéutico

Yo autorizo _____, una persona de 18 años de edad o mas, que recoja la medicina de la persona designada por la escuela por mi (nuestro) interés, y autorizo la persona designada de la escuela el descargo de esta medicina(s) a _____.

Además yo me comprometo a cumplir los siguientes reglamentos:

1. Yo personalmente le entregare a la enfermera el medicamento o lo mandare con la persona designada en este documento. La enfermera No Aceptara medicina entregada por mi hijo(a).
2. El medicamento debe ser rotulado por un farmacéutico del estado de Texas, en envase original. **NO SE ACEPTARA MEDICAMENTO FUERA DE ESTE REGLAMENTO.**
3. Si es necesario administrar el medicamento por la tarde o por la noche, yo, o la persona designada, pasara a recoger el medicamento 30 minutos antes del fin del día escolar. El medicamento no se puede mandar a casa con su hijo(a).
4. Cualquier vez que el medico cambia medicamento, dosis y/o tiempo, yo debo de firmar un documento de consentimiento nuevo.

Firma de Padre(s)/ Guardián(s)

Fecha

Firma de Padre(s)/ Guardián(s)

Fecha