

**Comfort ISD**  
**327 High Street, Comfort, Texas 78013**  
**(830) 995-6400**

**MEDICATION ADMINISTRATION REQUEST**

When your student's physician determines it is necessary to administer medication during the school day, the following procedures must be followed:

- 1) A parent/guardian or responsible adult designee must bring the medication to school.
- 2) All medication must be in the **PRESCRIPTION/ORIGINAL CONTAINER** clearly labeled with the student's name, the name of the medication and directions for administration. Parents must provide all medications.
- 3) The Medication Administration Request must be completed by the physician each school year and when there is a medication and/or dose change.
- 4) Only FDA approved pharmaceuticals manufactured in the United States will be administered. **HOMEOPATHIC PREPARATIONS WILL NOT BE ACCEPTED.**
- 5) **MEDICATIONS WILL NOT BE SENT HOME WITH STUDENTS.** All medications must be picked up by a parent/guardian or adult designee.

*\*\*Medication will be administered under the direction of the School Nurse or Principal designee. Please contact the School Nurse if you have questions concerning medication.*

**STUDENT:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**CES Nurse: 830-995-6410 - CMS Nurse: 830-995-6420 - CHS Nurse: 830-995-6430**  
**F#830-995-4153                      F#830-995-2248                      F#830-995-2261**

**DIAGNOSIS:** \_\_\_\_\_

**MEDICATION, DOSE, and TIME TO BE ADMINISTERED:** \_\_\_\_\_

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_

**PRECAUTIONS/UNTOWARD REACTIONS/INTERVENTIONS/EMERGENCY MEASURES:** \_\_\_\_\_

**ACTIVITY RESTRICTIONS:** \_\_\_\_\_

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PHYSICIAN SIGNATURE**

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**PHYSICIAN'S NAME (PRINTED)**

\_\_\_\_\_  
**PARENT/GUARDIAN PHONE NUMBER**

\_\_\_\_\_  
**PHYSICIAN'S PHONE NUMBER**