



**CONROE**  
INDEPENDENT  
SCHOOL DISTRICT

# Annual Medication Permission

Entered in eSchool - Date \_\_\_\_\_ Initials \_\_\_\_\_

Student's Name \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

As the Parent / Guardian of the above named child, I give my permission for him / her to be given the medication as described below by whomever the principal designates.

I understand medication will be handled according to recommended Conroe ISD Policy and Procedure, TEA recommendations and FDA Guidelines.

Signature of Parent /Guardian \_\_\_\_\_ Today's date \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Name of Medication \_\_\_\_\_ for \_\_\_\_\_ symptoms

Dosage \_\_\_\_\_ mg / cc or \_\_\_\_\_ tabs / tsp , Time (or frequency) to be given \_\_\_\_\_

Daily \_\_\_\_\_ PRN/As Needed \_\_\_\_\_ From (Date) \_\_\_\_\_ to (Date) \_\_\_\_\_

Special instructions \_\_\_\_\_ Expiration Date on Medication \_\_\_\_\_

Changes:

Date _____	Dose _____	mg/cc _____	tabs/tsp _____	Time _____
Date _____	Dose _____	mg/cc _____	tabs/tsp _____	Time _____
Date _____	Dose _____	mg/cc _____	tabs/tsp _____	Time _____

Original prescription - Date received \_\_\_\_\_ Number in container \_\_\_\_\_ Initials \_\_\_\_\_

- Refills:
- 1 Date received \_\_\_\_\_ Number in container \_\_\_\_\_ Initials \_\_\_\_\_
  - 2 Date received \_\_\_\_\_ Number in container \_\_\_\_\_ Initials \_\_\_\_\_
  - 3 Date received \_\_\_\_\_ Number in container \_\_\_\_\_ Initials \_\_\_\_\_
  - 4 Date received \_\_\_\_\_ Number in container \_\_\_\_\_ Initials \_\_\_\_\_
  - 5 Date received \_\_\_\_\_ Number in container \_\_\_\_\_ Initials \_\_\_\_\_
  - 6 Date received \_\_\_\_\_ Number in container \_\_\_\_\_ Initials \_\_\_\_\_
  - 7 Date received \_\_\_\_\_ Number in container \_\_\_\_\_ Initials \_\_\_\_\_
  - 8 Date received \_\_\_\_\_ Number in container \_\_\_\_\_ Initials \_\_\_\_\_
  - 9 Date received \_\_\_\_\_ Number in container \_\_\_\_\_ Initials \_\_\_\_\_
- Date picked up \_\_\_\_\_ By \_\_\_\_\_