Home of the New Braunfels Unicorns!

NEW BRAUNFELS INDEPENDENT SCHOOL DISTRICT

1000 N. Walnut, New Braunfels, Texas 78130
Phone: 830.643.5700 | Metro: 830.606.1423 | Fax: 830.643.5701
Email: info@nbisd.org | http://www.nbisd.org

Physician and Parent Authorization for Medication at School

Name of student _____ **Birth date** _____

To Be Completed By The Physician:

1. Condition for which the medication is to be given: _____

2. Name, Strength, Dose, and Time Medication is Given: _____

3. Possible reactions, side effects and special instructions: _____

4. Purpose of Medication: _____

6. Medication to be continued until: _____

_____ _____
Physician's Signature Date

_____ _____
Physician's Address Phone

To Be Completed By Parent or Guardian

We will notify the school immediately if the health status of my child changes, we change physicians, or the medication is changed or cancelled. We understand that whenever possible, the medication should be given before or after school hours.

I request the medication specified by the physician be given to the above named student. I authorize the physician to release medical information regarding my child to school health or administrative personnel:

_____ _____
Parent or Guardian Signature Date

_____
Address

_____ _____ _____
Home Phone Work Phone Cell Phone