



**Lytle Independent School District
School Health Services
Medication Request Form
Phone (830) 709-5130 ext. 4106
Fax (830) 709-5119**

Note to Parents/Guardians:

Lytle Independent School District requires that all students who take medication during school hours present the following form. The parent or legal guardian must sign it immediately. The attending physician must sign as soon as possible, if the medication is to be given for more than ten (10) days.

This form must be returned to the school nurse. All medication, prescription or non-prescription, must be in the original container and labeled with the child's name and directions on amount and times to be given.

NAME OF STUDENT _____

DATE OF BIRTH _____ SCHOOL _____

**TO BE COMPLETED BY PHYSICIAN FOR ANY
MEDICATION TAKEN LONGER THAN 10 DAYS**

Name of Medication _____

Specific time(s) and dose(s) to be given at school _____

Length of time _____

Are there any restrictions? Yes or No If yes, what and how long? _____

Printed Name of Physician

Telephone/Fax Number

Signature of Physician

Date

TO BE COMPLETED BY PARENT

I, _____ give permission for my child _____
to receive the above medication as directed.

Date

Signature of Parent/Guardian

Telephone Number