# O:\cisdgraphics\CISDLogo.png

# 

# CRANDALL INDEPENDENT SCHOOL DISTRICT

# 400 W. Lewis Street

# Crandall, TX 75114

Medication should be given at home whenever possible. When dosage instructions require medication to be given during the school day, Crandall ISD policy (FFAC Local) requirements are:

1. Any prescription medication may be given at school if a note of permission is sent by the parent or guardian. The note must include specific instructions on how and when the medication is to be given.
2. The medication must be in a prescription bottle/container properly labeled with name of the patient, name of the drug, and specific instructions on dosage. Please ask your pharmacist to provide a 2nd labeled bottle for school. **CISD DOES NOT under any circumstances release medications to students for return home. A competent adult must sign for and pick up the medication if an additional bottle/container has not been provided to the school. The ONLY exceptions are students who have a doctor signature allowing them to “self carry” an emergency required medication.**
3. A note from the physician and parent is required if the medication is an over-the-counter drug and the medication must appear in the original container. Specific instructions for administration of the medicine must be included: patient name, physician name and signature, medication name, dosage and time to be given.

If you have any questions about these policy requirements, please call your school’s nurse. Thank you for your cooperation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERMISSION TO ADMINISTER MEDICATIONS**

**ALL MEDICATION MUST BE IN THE ORIGINAL CONTAINER**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicine:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I give permission for school officials to administer medication to my child and release the school from liability.
* I give my student permission to transport medication to school as needed.

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF MEDICATION IS AN OVER-THE-COUNTER DRUG, PLEASE FILL OUT THE ABOVE AS WELL AS OBTAIN THE DOCTOR’S SIGNATURE. (The doctor’s office could fax a note to the school.)

Doctor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Campus FAX Numbers**

Dietz Elementary - 972-427-6076 Noble Reed Elementary - 972-427-6077

Martin Elementary - 972-427-6073 Walker Elementary - 972-427-6075

Wilson Elementary - 972-427-6074 Crandall Middle School - 972-427-6072

Compass Academy – 972-427-6139 Crandall High School - 972-427-6071