

KILGORE ISD MEDICATION ADMINISTRATION FORM

Student _____ Grade _____ DOB ____/____/____

Name of Medication _____

Condition medication is to be given _____

Dosage _____ Time to be given _____ Start Date ____/____/____

Parent/Guardian Signature _____ Date ____/____/____

Phone # where parent/guardian can be reached _____

To comply with Texas State Law:

- All medicine is to be brought to and kept in the school nurse's office.
- Prescription and over-the-counter medicine must be in the original container. Prescription medicine must be in a container with the pharmacy label for that student.
- Medications in envelopes, aluminum foil, kleenex, baggies, etc. will NOT be administered.
- All medications must be picked up by the parent/guardian at the end of the school year or it will be destroyed.

Medication returned to _____ relationship _____
on ____/____/____.

For office use only: PRN MED LOG

Date										
Time										
Init.										
Date										
Time										
Init.										
Date										
Time										
Init.										

Name _____ Initials _____
Name _____ Initials _____

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