

**CHILDREN OF THE WOODLANDS**

**Physician Request for Administration of Medication 2021-2022 School Year**

2200 Lake Woodlands Drive The Woodlands, Texas 77380 Office Number 281-297-5959 Fax Number 281-297-5912

**If a prescription medication is to be administered during school hours, this form MUST be completed by a physician. Staff will only administer medications that are required for life threatening emergencies, seizures, behavioral disorder or chronic conditions. *Your child must receive the initial medication dose outside of the school setting. Life threatening emergency medications are the only exception to the initial dose clause.***

**A new form, filled out and signed by your child's physician, is required prior to the start of each school year. This completed form must accompany the medication.**

Child's Name _____	Date of Birth ___/___/___
Name of Medication _____	
Reason for Medication _____	
Dosage (amount to be given) _____	
How often or time of day _____	
Special Instructions (i.e. take with food or fluids) _____	
Possible side effects _____	
Physician's Signature _____	Date ___/___/___
_____ Physician's Stamp Name/Address/Phone	

I hereby authorize The Woodlands Methodist School staff to give medication to my child, named above, as requested by the physician. I understand that the staff cannot be responsible for any allergic reactions or complications resulting from the medication if given according to directions.	
Parent or Guardian Signature _____	Date ___/___/___
Home Phone _____	Cell Phone _____