

BRIGHTER HORIZONS ACADEMY

COLLEGE PREPARATORY

3145 Medical Plaza Dr., Garland, TX 75044 Tel: 972-675-2062 Fax: 972-675-2063

"Where Knowledge, Faith, Academics and Character Meet."

Parent/Physician Request for Administration of Medications by School Personnel

-					School: Brighter Horizons Academy College Preparatory									
					Teacher/Grade:									
Medica	tion: _				Exp. Date:Dosage:									
s this t	he ini	tial dose	of a new medi	cation t	hat ha	s not been p	orevious	ly adm	ini	stered	to your child?	YES	NO	
Time to	be A	lministe	red:			Dates	to be A	dminis	ster	ed:				
Conditi	ion for	which n	nedication is re	quired									·	
Special	Instru	ctions/P	recautions/Side	e Effect	s of m	edication o	n your cl	nild:						
?hysici	an's N	ame:			Phone:									
Physic	ian's S	Signature												
ibove to	my ch		cates that I reque am giving permi f needed.		_		-	_						
Parent	/Guar	dian Sig	;nature:	Email:										
Parent	's Hoi	ne Phon	ie:				Work	Phon	ıe:					
			e school days from	-		R OFFICE	USE OI	VLY!			will be accepted a			
)ate	dication Count: # Pills Counter's Signa		ature Witne		ess Initials	Date	#Pills		Counter's Signature		Witness Initials		
								-						
ļ														
			ited by *on back):	1								
	Date	Comme	Date		Comments	nments			e	Adm. Review				