

Physician Request for Administration of Medication

Children of The Woodlands

2200 Lake Woodlands Drive | The Woodlands, Texas | 77380 | 281-466-8655

If 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 disorders 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.

Child's Name:	Birthdate:
Name of Medication:	
Reason for Medication:	
Dosage:	
How often administered:	
Special instructions:	
Possible side effects:	
Physician Signature:	Date:
Physician's Stamp: Name/Address/Phone	

I hereby authorize Children of The Woodlands to administer medication to my child, named above, as requested. I understand that the staff cannot be responsible for any allergic reactions or complications resulting from the medication given according to stated directions.

Parent Signature:	Date:
Phone Number:	

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