

# Grapevine-Colleyville ISD

## School Health Services

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### NON-PRESCRIPTION MEDICATION PERMISSION FORM

DATE \_\_\_\_\_

STUDENT \_\_\_\_\_

Dear Parent/Guardian:

Grapevine Colleyville ISD School Board Policy now allows 9-12 (high school only) students to carry small bottles of non-prescription medications. However, the student must have a permission form from the school, signed by the parent, in the nurse's office. If the student is found with medication in his/her locker or his/her person, without the afore-mentioned form signed, the medication can be confiscated and the parent will be called to verify the contents and be required to sign a permission form.

1. Written permission of the parent or guardian is required for the student to carry the non-prescription medication on their person.
2. The medication must be in its original container and legibly labeled with the student's full name.
3. Sample bottles are the appropriate size for the students to carry.
4. The student is not permitted to share their medication with other students (an allergic reaction could result).
5. Prescription medication must still be kept in the nurse's office. Inhalers are a prescription medication and the student must have written permission from both the doctor and the parent/guardian to have the inhaler on their person. Please see the nurse for the appropriate form.

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NAME OF MEDICATION \_\_\_\_\_

I understand that the parent/guardian accepts the legal responsibility should the above medication be lost, given or taken by a person other than the above named student. If this should happen, the privilege of carrying this medication may be revoked. I further understand that the GCISD is released of any legal responsibility when the above student administers his/her own medication.

\_\_\_\_\_  
Date Signature of Parent/Guardian

I understand how much and when to take the above named medication. I will not allow another student to take my medication under any circumstances. I also understand that should another student takes my medication the privilege of carrying my own medication may be taken away.

\_\_\_\_\_  
Date Signature of Student