



**MEDICATION ADMINISTRATION FORM
2016-2017**

Student Name: _____ Entering Grade: _____

In accordance with the laws of the state of Texas and Harris County, this health certificate must be completed and submitted to the school office prior to the beginning of the school year. We are required, by law, to have a current immunization record for each child.

Medication permission

In compliance with the Texas School Health Guideline, school districts cannot dispense any original medication for students; parents must provide the medication bottle.

If you would like the school to be able to give your student medication, please have your child's doctor fill out and sign the following:

Acetaminophen/Tylenol Dose _____
For minor pain and headache

Ibuprofen/Motrin Dose _____
For minor pain and headache

Diphenhydramine/Benadryl Dose _____
For allergic reaction only, not for daily allergy relief

Health Statement

This is to certify that the above individual has been examined by me on _____ (date) and found to be in good health and able to attend The Beth Yeshurun Day School as well as participate in age appropriate activities.

Physician Printed Name _____ Date _____

Physician Signature _____

Physician Telephone Number _____