Raymond A. Kahn, M.D. Dean J. Gmoser, M.D. Elissa Atlas, M.D. Karen Urbani, M.D.
5819 Highway 6 South, Suite 330
Missouri City, Texas 77459
(281) 499-6300

Physician – Parent Permit to Administer Prescription or Non-Prescription

Student's Name_____ Age_____ Grade_____ Teacher_____

Reason student receiving medication _____

Name of medication _____ Dosage _____Date to DC _____

Possible toxic reactions _____

Form of medication _____ Tablet _____ Pill _____Capsule

_____ Liquid _____ Inhalant _____ Other _____

Feedback requested _____ Yes _____ No How often? _____

_____ _____
Physician's Signature Date

This is the school's permission to give _____ the above medication as prescribed by Dr. _____ as directed.

_____ _____ _____ _____
Parent/Guardian Signature Date Home Telephone Work Telephone