



# HARMONY SCIENCE ACADEMY

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## HARMONY SCIENCE ACADEMY – COLLEGE STATION/BRYAN SCHOOL AUTHORIZATION FOR DISPENSING MEDICINE

Student's Name: \_\_\_\_\_  
Last First Middle

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

### Part I: To be completed by Parent/Guardian

I authorize the school medical personnel to see that my child, \_\_\_\_\_, who receives the medication  
[Name of Child]  
prescribed by \_\_\_\_\_. (See below)  
[Name of Physician]

Please list all medications that your child is taking at home:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature Date

### Part II: To be completed by Physician

Diagnosis: \_\_\_\_\_

(Medication) \_\_\_\_\_ (Dosage) \_\_\_\_\_

(Route of administration) \_\_\_\_\_ (Time/Frequency) \_\_\_\_\_

If PRN, state frequency or indication: \_\_\_\_\_

Possible side effects and adverse reaction: \_\_\_\_\_

Other recommendations: \_\_\_\_\_

Is this drug covered by the psychotropic drug law? Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Physician's Name-Please print Phone Number Fax Number

\_\_\_\_\_  
Physician's Signature Date