

BISD Medication Policy

Student's Name _____ DOB _____ Teacher _____

All medication should be given outside of school hours, if possible. Only medication which is required to enable a student to stay in school may be given at school. Three times a day medications can be given before school, after school and at bedtime. The initial dose of medication must be administered at home, doctor's office, or hospital.

If necessary, medication can be given at school under the following conditions:

1. All medication (prescription and over-the-counter) must be:
 - a. provided by the parent.
 - b. transported by an adult if it is a controlled substance, i.e., Ritalin. The med will be counted upon its arrival in the nurse's office.
 - c. **in its original, properly labeled container.** The pharmacy can supply two (2) labeled bottles for this purpose. An extra bottle is required if medication is to be administered on a field trip.
 - d. accompanied by a specific written request signed by the parent/guardian (see below).
 - e. placed in a locked cabinet in the nurse's office (exception: students whose doctor considers them sufficiently responsible and have signed a request for them to carry an inhaler or anaphylaxis medication on their person. In either case, the student must demonstrate to the nurse competent use of the devices; for asthma med, it is recommended that another inhaler be kept locked in the nurse's office. The school nurse will inform the principal and appropriate others.) (If a student allows another person to use the medication, the privilege will be revoked.)
 - f. ordered by a physician licensed to practice in the USA, if it is to be given for more than ten (10) doses
 - g. administered by a school nurse or by a non-health professional designate of the principal or school nurse.
2. Sample prescription and alternative medicine must be labeled with the child's name and accompanied by a signed Texas Board Certified physician's order. When ordered, alternative medication must be accompanied by a patient information sheet listing its ingredients, actions, and side effects. Herbal substances or dietary supplements provided by the parent will be administered only if required by the individualized education program or Section 504 plan of a student with disabilities.
3. The district can assume no responsibility for loss or negligent behavior when the student carries his/her conventional or alternative medication or dietary supplement without the knowledge of the nurse. Noncompliance may subject the student to disciplinary action.
4. Only authorized district personnel may administer topical medication to a student as part of first aid protocol.
5. The school nurse must be consulted if the student requires long-term medication, any health care procedure, or monitoring.
6. In the event that the student fails to take their medication at home prior to school as prescribed, I understand that school personnel will not administer any morning medication(s) normally given at home without my **verbal and written permission**, and that the medication must be in a properly labeled prescription container.

I have read the BISD Medication policy and agree to follow the board policies.

X

Parent/Guardian Signature, Date

Health Services

Medication Permit/Physician's Orders

Student's Name _____ DOB _____ Teacher _____

Medication Allergies _____

Table below to be completed by a health care provider only:

| Starting Date | Name of Medication(s) | Strength (i.e., 12 mg.) | Dosage (i.e., 2 tabs, 1 tsp.) | Route (i.e. oral, topical) | Times to be Given |
|---------------|-----------------------|-------------------------|-------------------------------|----------------------------|-------------------|
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Physician's Name (printed) _____ Physician Signature _____

Physician's Address (printed) _____ Telephone Number _____ Date _____

Students may self-carry their inhaler and/or anaphylaxis medication **IF** their doctor considers them sufficiently responsible and have signed a request for them to carry an inhaler or anaphylaxis medication on their person. In either case, the student must demonstrate to the nurse competent use of the devices.

I _____ consider _____ to be sufficiently
Physicians Name (printed) Student's Name (printed)
responsible to carry _____ on their person. _____
(inhaler or anaphylaxis meds) (physician signature for self-carry)

I give permission for the above medication(s) to be administered to my child at school.

- I understand that the District, the Board, and its employees are not liable for damages or injuries resulting from administration of medication to my child in accordance with Texas Education Code 21.905.
- Parental consent: I consent to and authorize the health care provider to disclose health information to the school, and for the school to disclose the above information to those within the school district who have a need to know for legitimate educational purposes.

X

Parent
Phone number/Date