



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) consecutive days or administered for more than ten (10) doses, whichever is greater.
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. In the event of a life-threatening allergic reaction, emergency procedures will be followed as outlined in BISD Anaphylaxis Protocol (BISD Health Services Handbook, pg.II-9).

Table with 6 columns: Starting Date, Name of Medication(s), Strength (i.e., 12 mg.), Dosage (i.e., 2 tabs, 1 tsp.), Route (i.e. oral, topical), Time to be Given

Can carry inhaler: Yes ___ No ___; Can carry anaphylaxis medication: Yes ___ No ___; Medication Allergies: _____

Student's Name _____ DOB _____ Grade _____

Physician's Name (printed)

Physician Signature

Physician's Address (printed)

Telephone Number

Date

- I give permission for the above medication(s) to be administered to my child at school.
I give my permission for the following morning medication(s) to be administered to my child at school in the event that he/she fails to take it 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 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.

Guardian Signature

Relationship

Home Phone

Work Phone

Cell

E-mail: _____

Preferred Method of Communication: phone / e-mail