

# Benavides ISD Health Services Department

## PHYSICIAN REQUEST FOR ADMINISTRATION OF MEDICATION

Benavides ISD

Phone: (361-256-3031)

Fax: (361-256-3032)

This request is to be effective for the school year or earlier stop date \_\_\_\_\_.

Student's name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Medication (generic name if used) \_\_\_\_\_

Dosage amount: \_\_\_\_\_ Time to be administered at school: \_\_\_\_\_

Condition for which medication is to be given: \_\_\_\_\_

Allergies: \_\_\_\_\_

Possible adverse reactions: \_\_\_\_\_

Physician signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

I understand that a person who is not medically licensed may administer the medication and/or treatment. I understand that (1) that in accordance with Texas Education Code, 21.905 medication is defined as: Substances used to prevent, diagnose, cure, or relieve signs and symptoms of disease; (2) there is no liability on the part of Benavides ISD (Elementary or High School), or its employees for administration of medication requested by the parent/guardian and for adverse reactions or side effects to the medication; (3) I agree to be responsible for maintaining an adequate supply of medication at the school to meet the child's needs; (4) this medication will be brought to school only by a parent/guardian; (5) that my child will not be in possession of any medication at any time unless they have written permission from a physician stating they have a condition that requires immediate treatment; (6) this medication will be "properly labeled;" (7) this medication will be destroyed if it is not picked up; (8) in accordance with the Nurse Practice Act, Texas Code, Section 217.11, the school nurse has the responsibility and authority to refuse to administer medications that in the nurse's judgment are not in the best interest of the student. I hereby authorize the exchange of medical information regarding my child's medication/treatment plan between the physician and Benavides ISD Health Services Department. The most current request, label on medication, and student medication log all must have matching information. Consequently, if all three do not match your child will not receive the medication at school. Medication labels must also be dated and with state prescribing physicians name.

Filed in Nurses office and medication received on: \_\_\_\_\_ Quantity: \_\_\_\_\_ By: \_\_\_\_\_

Parent/guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency phone number \_\_\_\_\_

The attending physician must renew medication orders and this release signed by the parent/guardian annually. The most current physician's order, label on medication, and student medication log all must have matching information. Consequently, if all three do not match your child will not receive the medication at school.

### **\*Inhalant Prescriptions**

This student is both capable and responsible for self-administration of this medication:

\_\_\_\_\_ No \_\_\_\_\_ Yes-supervised \_\_\_\_\_ Yes – unsupervised

The student may carry this medication \_\_\_\_\_ Yes \_\_\_\_\_ No