



 **Banquete Independent School District Health Services**

 **Physician/Parent Request for Administration of Medication by School Personnel**

**Date of Request**: **School: \_\_ Effective for the school year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Name**: **Birth date: / /**

**Medication**: **Exp. Date Dosage:**

**Route of administration: by:** □ mouth □ inhaled □ topical □ eye(s) □ ear(s) □ nasal □ injection (circle: IM SQ IV) □ rectal

**Time to be Administered: Teacher/Grade: \_\_\_\_\_\_\_\_\_\_\_**

**Condition for which medication is required: Has your child ever taken this medication before? YES NO**

# Special Instructions/Precautions/Side Effects of medication on your child:

# \*Physician’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of request\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 BISD or its employees for administration of medicine 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 medications 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 judgement 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 BISD Health Services Dept.

***\*Physician’s signature is required to administer over-the-counter medications for more than 10 days from the date of the original request.***

# Parent/Guardian Signature: Email:

**Parent’s Daytime Phone:** ( ) - x

**Cell Phone:** ( ) **- \_\_\_\_\_\_\_\_**

**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.**

**FOR OFFICE USE ONLY**

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**MEDICATION AMOUNT RECEIVED**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Count** | **Staff Initial** | **Refill Date**  | **Parent/Guardian Signature** | **X** | **Date** | **Count** | **Staff Initial**  | **Refill Date** | **Parent/Guardian Signature** |
|  |  |  |  |  | X |  |  |  |  |  |
|  |  |  |  |  | X |  |  |  |  |  |
|  |  |  |  |  | X |  |  |  |  |  |
|  |  |  |  |  | X |  |  |  |  |  |
|  |  |  |  |  | X |  |  |  |  |  |
|  |  |  |  |  | X |  |  |  |  |  |
|  |  |  |  |  | X |  |  |  |  |  |

**MEDICATION PICKED UP BY: PARENT/GUARDIAN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_**

 **Revised: 05-10-2022**

**STUDENT NAME: MEDICATION:**

**DOSAGE: TIME:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DAY** | **AUG** | **SEPT** | **OCT** | **NOV** | **DEC** | **JAN** | **FEB** | **MAR** | **APR** | **MAY** | **JUNE** | **DAY** |
| **1** |  |  | **WEEKEND** |  |  | **WEEKEND** |  |  | **WEEKEND** |  |  | **1** |
| **2** | **New Teacher Staff Develop** |  | **WEEKEND** |  |  | **Christmas Holiday** |  |  | **WEEKEND** |  |  | **2** |
| **3** | **New Teacher Staff Develop** | **WEEKEND** |  |  | **WEEKEND** | **Professional Development** |  |  |  |  |  | **3** |
| **4** | **Professional Development** | **WEEKEND** |  | EARLY RELEASE | **WEEKEND** |  | **WEEKEND** | **WEEKEND** |  |  |  | **4** |
| **5** | **Professional Development** | **Labor** **Day** |  | **WEEKEND** |  |  | **WEEKEND** | **WEEKEND** |  |  |  | **5** |
| **6** |  **WEEKEND** |  |  | **WEEKEND** |  |  |  |  |  | **WEEKEND** |  | **6** |
| **7** | **WEEKEND.** |  |  |  |  | **WEEKEND** |  |  | **Good Friday** | **WEEKEND** |  | **7** |
| **8** | **Professional Development** |  | **WEEKEND** |  |  | **WEEKEND** |  |  | **WEEKEND** |  |  | **8** |
| **9** | **Professional Development** |  | **WEEKEND** |  |  |  |  |  | **WEEKEND** |  |  | **9** |
| **10** | **Professional Development** | **WEEKEND** | **Professional Development** |  | **WEEKEND** |  |  |  | Easter Monday |  |  | **10** |
| **11** | **Professional Development** | **WEEKEND** |  |  | **WEEKEND** |  | **WEEKEND** | **WEEKEND** |  |  |  | **11** |
| **12** | **Professional Development** |  |  | **WEEKEND** |  |  | **WEEKEND** | **WEEKEND** |  |  |  | **12** |
| **13** | **WEEKEND** |  |  | **WEEKEND** |  |  | **Professional****Development** | **Spring Break** |  | **WEEKEND** |  | **13** |
| 14 | **WEEKEND** |  |  |  |  | **WEEKEND** |  | **Spring Break** |  | **WEEKEND** |  | **14** |
| **15** | FIRST DAY OF SCHOOL |  | **WEEKEND** |  |  | **WEEKEND** |  | **Spring Break** | **WEEKEND** |  |  | **15** |
| **16** |  |  | **WEEKEND** |  |  | **NCJLS HOLIDAY****Bad Weather Day** |  | **Spring Break** | **WEEKEND** |  |  | **16** |
| **17** |  | **WEEKEND** |  |  | **WEEKEND** | **NCJLS HOLIDAY** |  | **Spring Break** |  |  |  | **17** |
| **18** |  | **WEEKEND** |  |  | **WEEKEND** | **NCJLS HOLIDAY** | **WEEKEND** | **WEEKEND** |  |  |  | **18** |
| **19** |  |  |  | **WEEKEND** | **Christmas Holiday** | **NCJLS HOLIDAY** | **WEEKEND** | **WEEKEND** |  |  |  | **19** |
| **20** | **WEEKEND** |  |  | **WEEKEND** | **Christmas Holiday** | **NCJLS HOLIDAY** |  |  |  | **WEEKEND** |  | **20** |
| **21** | **WEEKEND** |  |  | **Thanksgiving Holiday** | **Christmas Holiday** | **WEEKEND** |  |  |  | **WEEKEND** |  | **21** |
| **22** |  |  | **WEEKEND** | **Thanksgiving Holiday** | **Christmas Holiday** | **WEEKEND** |  |  | **WEEKEND** |  |  | **22** |
| **23** |  |  | **WEEKEND** | **Thanksgiving Holiday** | **Christmas Holiday** | **Professional Development** |  |  | **WEEKEND** |  |  | **23** |
| **24** |  | **WEEKEND** |  | **Thanksgiving Holiday** | **WEEKEND** |  |  |  |  |  |  | **24** |
| **25** |  | **WEEKEND** |  | **Thanksgiving Holiday** | **WEEKEND** |  | **WEEKEND** | **WEEKEND** |  | **LAST DAY** **OF SCHOOL** |  | **25** |
| **26** |  |  |  | **WEEKEND** | **Christmas Holiday** |  | **WEEKEND** | **WEEKEND** |  | **Professional Development** |  | **26** |
| **27** | **WEEKEND** |  |  | **WEEKEND** | **Christmas Holiday** |  |  |  |  | **WEEKEND** |  | **27** |
| **28** | **WEEKEND** |  |  |  | **Christmas Holiday** | **WEEKEND** |  |  |  | **WEEKEND** |  | 28 |
| **29** |  |  | **WEEKEND** |  | **Christmas Holiday** | **WEEKEND** |  |  | **WEEKEND** | **Memorial Day Holiday** |  | **29** |
| **30** |  | EARLY RELEASE | **WEEKEND** |  | **Christmas Holiday** |  |  |  | **WEEKEND** | **Professional Development** |  | **30** |
| **31** |  |  | **Professional Development** |  | **WEEKEND** |  |  |  |  | **Professional Development** |  | **31** |
| **DAY** | **AUG** | **SEPT** | **OCT** | **NOV** | **DEC** | **JAN** | **FEB** | **MAR** | **APR** | **MAY** | **JUNE** | **DAY** |

 **A-ABSENT FT-FIELD TRIP OH-ON HOLD OOM-OUT OF MEDICATION**

 **DC-DISCONTINUED H-HOLIDAY R-REFUSED E-EARLY DISMISSAL S-SUSPENDED**

|  |  |  |
| --- | --- | --- |
|  **Initials Name**  |  **Initials Name** |  **Initials Name** |
|  **/** |  **/**  |  **/**  |