

**Bandera Independent School district Physician/Parent Request**

**For Administration of Medicine by School Personnel**

Authorized school personnel may administer special health care procedures and medications at school when such treatment is necessary for school attendance and cannot otherwise be accomplished. This completed form along with the medication and/or special equipment items are to be brought to school by the parent. All medication administration requests require parental permission.

Prescribed medication/treatment may be administered by a school nurse, nurse's aide, or by a non-health professional designate of the campus principal. The medication should be brought to school by the parent in the original container appropriate labeled by the pharmacy.

**No over-the-counter medications will be given for more than 5 consecutive days without a physician's order.**

*Please request that the pharmacist dispense an extra prescription-labeled empty bottle for the school.*

**To be completed by the physician:**

Name of student: \_\_\_\_\_ D.O.B. \_\_\_\_\_

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

Name of medication: \_\_\_\_\_

Specific Dosage: \_\_\_\_\_ Time of Dosage: \_\_\_\_\_

Length of Time to Administer at school: \_\_\_\_\_

Are there any restrictions:  No  Yes If yes, what and how long? \_\_\_\_\_

Are there any possible reactions/interaction and side effects? \_\_\_\_\_

\_\_\_\_\_

Physician's Printed Name

Signature of Physician

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

**To be completed by the parent:**

We (I), the undersigned, parents/guardians of \_\_\_\_\_ (student's name) request the above medication be given to our (my) child. Date \_\_\_\_\_

\_\_\_\_\_  
Signature Relationship to student

\_\_\_\_\_  
Home phone Work phone Cell phone

\_\_\_\_\_  
Signature Relationship to student

\_\_\_\_\_  
Home phone Work phone Cell phone

**Note: Prescribed asthma inhaler may be kept by the student and self-administered only if the physician indicates this need in writing and considers the student sufficiently responsible. (See Asthma Action Plan) The physician should list any precautions to be followed on this form (the school nurse will inform the principal.)**