**Brookeland ISD**

**Request for Medication Administration**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_ Campus: \_\_\_\_\_\_\_

Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Take medication: ◻ by mouth ◻ via inhaler ◻ topical (cream) ◻ injection ◻ other \_\_\_\_\_\_\_

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

To be given: ◻ Entire School Year - or - ◻ The following dates: \_\_\_ /\_\_\_ /\_\_\_\_ to: \_\_\_ /\_\_\_ /\_\_\_\_

When: ◻ At the following time(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ - or - ◻ As needed every \_\_\_\_\_\_\_ hours

Special considerations/side effects: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Daily Medications: \_\_\_\_ Yes, please send on field trips

\_\_\_\_ No, please do not send on field trips

Other medications taken at home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any food or drug allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Must be signed by a physician for any of these reasons:

◻ prescription medication ◻ any over-the-counter medication

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| **Parent/Guardian:** I give permission for district personnel to administer medication to my child in accordance with Texas Education Agency and District policies. I also acknowledge that it is the  parent/guardian responsibility to maintain medication supply. Unclaimed medication will be  destroyed at the end of the school year. | |
| ***Signature:*** | ***Phone:*** |
| ***Printed Name:*** | ***Phone:*** |

|  |  |
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| ***Physician***: I request that the student receive this medication during the school day as instructed above. | |
| ***Signature:*** | ***Phone:*** |
| ***Printed Name:*** | ***Phone:*** |