Campus/Grade_____
Student ID # _____

Health Services
Physician request for long-term administration of medication
This request is to be effective for the school year _____

Physician fills out this area

Student's Name _____ DOB_____
Medication _____
Dosage Amount _____Route_____Time to be administered _____
Condition for which medicine is given _____

Inhalant Prescriptions
This student is both capable and responsible for self-administering this medication.
No_____ Yes – Supervised _____ Yes-Unsupervised _____
This student may carry this medication: No _____ Yes _____

Physician Signature _____Print Name _____
Address _____
Phone Number _____ Date of request _____

I understand that:
(1) A person who is not medically licensed may administer the medication and /or treatment.
(2) 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
(3) There is no liability on the part of Tuloso-Midway ISD or its employees for administration of medicine requested by the parent/guardian and for adverse reactions or side effects to the medication
(4) I agree to be responsible for maintaining an adequate supply of medications at the school to meet the child's needs
(5) This medication will be brought to school only by a parent/guardian
(6) 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
(7) This medication will be "properly labeled" as defined in the Tuloso-Midway ISD policy manual
(8) This medication will be destroyed if it is not picked up
(9) 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 Tuloso-Midway ISD Health Services Department.
(10) Parents are responsible for planning & providing medication for all activities outside of normal school hours.

Parent fills out this area

Parent/Guardian Signature _____ Date_____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

Medication orders must be renewed by the attending physician and this release signed by the parent/guardian **annually.**