



Campus/Grade _____
Student ID # _____

Health Services

Parent request for administration of medication

This request is to be effective for the school year _____

Student's Name	_____	DOB	_____
Medication	_____		
Dosage Amount	_____	Route	_____
Time to be administered	_____		
Condition for which medicine is given	_____		

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 .			