

BISD Medication Policy

All medication should be given outside of school hours, if possible. Only medication which is required to enable a student to stay in school may be given at school. Three times a day medications can be given before school, after school and at bedtime. The initial dose of medication must be administered at home, doctor's office, or hospital. If necessary, medication can be given at school under the following conditions:

1. All medication (prescription and over-the-counter) must be accompanied by a signed physician's order. The physician must be licensed to practice in the United States of America.
2. All medication (prescription and over-the-counter) must be:
 - A. provided by the parent.
 - B. transported by an adult
 - C. in its original, properly labeled container
 - D. accompanied by a specific written request signed by the parent/guardian
 - E. administered by a school nurse or by a non-health professional designate of the principal or school nurse.
 - F. placed in a locked cabinet in the nurse's office
 1. emergency medications will be placed in the nurse's office and accessible to staff at all times during the school day
 - G. Students whose doctor considers them sufficiently responsible must have a signed request for them to carry an inhaler, insulin or anaphylaxis medication on their person.
 1. The student must demonstrate to the nurse competent use of the device/medication
 2. A second inhaler, insulin or anaphylaxis medication should also be kept locked in the nurse's office.
 3. If a student allows another person to use the medication, the privilege will be revoked
3. Sample prescription and alternative medicine must be labeled with the child's name and accompanied by a signed Texas Board Certified physician's order. When ordered, alternative medication must be accompanied by a patient information sheet listing its ingredients, actions, and side effects. Herbal substances or dietary supplements provided by the parent will be administered only if required by the individualized education program or Section 504 plan of a student with disabilities.

Student's Name _____ DOB _____ Teacher _____

Medication Allergies _____ Parent Cell Phone _____

Physician's Order(s):

Start Date	Medication	Dose	Route	Time

Physician's Name (printed) _____ Physician Signature _____

Physician's Address (printed) _____ Telephone Number _____ Date _____

Students may self-carry their inhaler and/or anaphylaxis medication **IF** their doctor considers them sufficiently responsible and have signed a request for them to carry an inhaler or anaphylaxis medication on their person. In either case, the student must demonstrate to the nurse competent use of the devices.

I _____ consider _____ to be sufficiently
 Physicians Name (printed) Student's Name (printed)
 responsible to carry _____ on their person. _____
 (inhaler/insulin/anaphylaxis meds) (Physician signature for self-carry)

Parents please acknowledge and sign:

- I give permission for the above medication(s) to be administered to my child at school.
- I understand that the District, the Board, and its employees are not liable for damages or injuries resulting from administration of medication to my child in accordance with Texas Education Code 22.052 and Board Policy FFAC Legal.
- I consent to and authorize the health care provider to disclose health information to the school, and for the school to disclose the above information to those within the school district who have a need to know for legitimate educational purposes.
- I have read the BISD Medication policy and agree to follow the BISD Medication Policy expectations

X

 Parent/Guardian Signature/Date

