**Parent** **Request** **for** **Administration** **of** **Medication** **by** **School** **Personnel**

*This* *request* *is* *intended* *only* *for* *medication* *that* *cannot* *be* *administered* *at* *home.* *Medication* *must* *be* *delivered* *to* *the* *campus* *clinic* *or* *office* *by* *the* *student’s* *parent/guardian* *in* *the* *original* *container,* *not* *loose* *or* *in* *a* *baggie.*

*Permission* *is* *valid* *for* *the* *current* *school* *year* *and* *medication* *should* *be* *picked* *up* *at* *the* *end* *of* *each* *school* *year.* *Medication* *is* *not* *kept* *on* *campus* *during* *summer* *unless* *the* *student* *attends* *summer* *school.* *Unclaimed* *medication* *is* *destroyed* *at* *the* *end* *of* *each* *school* *year.*

***Please print using black or blue ink:***

Campus: Grade/Teacher: /

Student Name: Date of Birth:

Prescribed by: Telephone #:

Pharmacy: Prescription #:

Student Drug Allergies:

Medication: Strength: Exp. Date:

Dosage: Frequency: Time: \_\_\_\_\_\_\_\_

Route: Oral Inhaled Topical Eye Ear Nasal Rectal

Injection: Type Enteral Feeding Tube Type:

Reason for medication:

Is this the first dose of a new medication for your child? Yes No Side effects for student, special instructions, other pertinent information:

**Student** **may** **be** **given** **the** **prescribed** **morning** **dose** **of** **medication,** **if** **forgotten** **at** **home,** **with** **telephone** **permission** **from** **parent.**

*I* *confirm* *that* *it* *is* *not* *possible* *to* *administer* *this* *medication* *at* *home* *and* *hereby* *request* *that* *the* *medication* *listed* *above* *be* *administered* *by* *a* *Mesquite* *ISD* *employee.*

*I* *understand* *that* *the* *School* *District,* *its* *Board* *of* *Trustees,* *and* *its* *employees* *are* *immune* *from* *civil* *liability* *from* *damages* *or* *injuries* *resulting* *from* *administration* *of* *this* *medication* *(Texas* *Education* *Code* *22.052).*

*I* *authorize* *the* *district* *registered* *nurse* *and* *the* *prescribing* *physician* *to* *confidentially* *discuss* *or* *clarify* *this* *medication* *order* *and* *to* *discuss* *the* *student’s* *response* *to* *the* *prescribed* *medication* *as* *needed* *per* *State* *law* *(Nurse* *Practice* *Act* *&* *Medical* *Practice* *Acts* *of* *Texas).*

Parent/Guardian Signature: Relationship:

Daytime telephone number: Date Signed:

**Sample** **medication,** **over-the-counter** **medication,** **or** **instructions** **differing** **from** **the** **medication** **prescription** **label** **require** **a** **separate** **physician’s** **order** **or** **physician’s** **signature** **below.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physician’s** **Signature** **&** **Printed** **Name Telephone** **Number**

***FOR*** ***OFFICE*** ***USE*** ***ONLY***:

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| **Date** **the** **form** **was** **first** **received:** | | | | **Date** **the** **medication** **was** **first** **received:** | | | |
| **Date** | **#** **Pills** | **Counter** **Signature** | **Witness** **Signature** | **Date** | **#** **Pills** | **Counter** **Signature** | **Witness** **Signature** |
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Meds picked up by / on .

Parent/Guardian Signature/Printed Name Date Witness Initials

Revised 5/2019

**Solicitud** **de** **los** **padres** **para** **la** **administración** **de** **medicamentos** **por** **el** **personal** **escolar**

*Esta* *solicitud* *es* *solo* *para* *los* *medicamentos* *que* *no* *se* *pueden* *administrar* *en* *casa.* *Los* *medicamentos* *deben* *ser* *entregados* *a* *la* *clínica* *u* *oficina* *de* *la* *escuela* *por* *los* *padres* *o* *tutores* *del* *estudiante* *en* *su* *recipiente* *o* *frasco* *original,* *no* *sueltos* *o* *en* *una* *bolsa* *plástica.*

*El* *permiso* *es* *válido* *para* *el* *año* *escolar* *actual* *y* *los* *medicamentos* *deben* *recogerse* *al* *final* *de* *cada* *año* *escolar.* *El* *medicamento* *no* *se* *guarda* *en* *la* *escuela* *en* *el* *verano* *a* *menos* *que* *el* *estudiante* *asista* *a* *la* *escuela* *de* *verano.* *Los* *medicamentos* *que* *no* *se* *recojan* *se* *destruyen* *al* *final* *de* *cada* *año* *escolar.*

***Por*** ***favor*** ***imprima*** ***con*** ***tinta*** ***negra*** ***o*** ***azul***

Escuela: Grado y maestro: /

Nombre del estudiante: Fecha de nacimiento:

Recetado por: Núm. de teléfono:

Farmacia: Núm. de receta:

Alergias del estudiante a medicamentos:

Medicamento/concentración: / Fecha de caducidad:

Dosis: Frecuencia: Hora: \_\_\_\_\_\_\_\_

Vía: Oral Inhalado Tópico Ojo Oído Nasal Rectal

Inyección: tipo Tubo de alimentación enteral: tipo

Razón por administrar el medicamento:

¿Es esta la primera dosis de un nuevo medicamento para su hijo(a)? Sí No

Efectos colaterales, instrucciones especiales, otra información pertinente:

**Al** **estudiante** **se** **le** **puede** **dar** **la** **dosis** **de** **medicamento** **recetada** **para** **la** **mañana** **si** **se** **olvida** **en** **casa,** **siempre** **y** **cuando** **los** **padres** **llamen** **por** **teléfono** **y** **lo** **autoricen.**

*Constato* *que* *no* *es* *posible* *administrar* *este* *medicamento* *en* *el* *hogar* *y* *por* *medio* *de* *la* *presente* *solicito* *que* *el* *medicamento* *mencionado* *anteriormente* *lo* *administre* *un* *empleado* *del* *Mesquite* *ISD.*

*Comprendo* *que* *el* *distrito* *escolar,* *su* *Junta* *Directiva,* *y* *sus* *empleados* *están* *exentos* *de* *responsabilidad* *civil* *por* *daños* *y* *perjuicios* *que* *resulten* *por* *la* *administración* *de* *este* *medicamento* *(Código* *de* *Educación* *de* *Texas* *22.052).*

*Doy* *mi* *permiso* *para* *que* *el* *enfermero* *titulado* *del* *distrito* *y* *el* *medico* *que* *ha* *recetado* *los* *medicamentos* *clarifiquen* *o* *hablen* *confidencialmente* *sobre* *esta* *receta* *médica* *y* *también* *hablen* *sobre* *la* *reacción* *del* *estudiante* *al* *medicamento* *recetado* *según* *se* *necesite* *y* *de* *acuerdo* *con* *las* *leyes* *estatales* *(Ley* *de* *Práctica* *de* *Enfermería* *y* *Ley* *de* *Práctica* *de* *la* *Medicina* *de* *Texas).*

Firma del padre, la madre o tutor: Parentesco:

Número telefónico de día: Fecha:

**Las** **muestras** **médicas,** **medicamentos** **sin** **receta,** **o** **instrucciones** **que** **difieran** **de** **las** **etiquetas** **en** **los** **frascos** **o** **recipientes** **de** **medicamentos** **requieren** **de** **una** **receta** **médica** **separada** **o** **una** **firma** **del** **médico** **a** **continuación.**

**Firma** **del** **médico** **y** **nombre** **en** **letra** **de** **imprenta Número** **de** **teléfono**

***FOR*** ***OFFICE*** ***USE*** ***ONLY***

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| **Date** **the** **form** **was** **first** **received:** | | | | **Date** **the** **medication** **was** **first** **received:** | | | |
| **Date** | **#** **Pills** | **Counter** **Signature** | **Witness Signature** | **Date** | **#** **Pills** | **Counter Signature** | **Witness Signature** |
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Meds picked up by / on .

Parent/Guardian Signature/Printed Name Date Witness Initials Revised 5/2019