

BURNET CISD MEDICATION ADMINISTRATION FORM

The policy of BCISD and Texas State law allows medication to be given at school for short term basis (less than 4 weeks):

1. Written consent form signed by the parent or legal guardian.
2. Medication brought to school in the original container or prescription bottle (properly labeled by a registered pharmacist as prescribed by law.

Long term basis (longer than 4 weeks) may be given by district personnel provided that the prescribing physician completes the district medication permission form and written parental consent.

Name of student _____ Date of birth _____

Name of medication _____

Diagnosis _____ Allergies _____

Dosage _____ Administration time _____

Are there any restriction? Yes ___ No ___ If yes, what and for how long? _____

Printed Name of Physician Signature of Physician Date

PARENTAL CONSENT

I am the parent or guardian of _____. I give my permission for him/her to take the above noted medication while in Burnet CISD and to give this information to his/her teacher(s), nurse counselor and principal as needed to monitor the progress of the medication. I hereby release Burnet CISD and its employees from any claims or liability connected with such reliance. I authorize a representative of the school to share information regarding this medication with the above licensed prescriber.

I also agree to supply above medication as needed.

Parent/Guardian Signature Daytime Phone Date