



# MABANK ISD HEALTH SERVICES

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<u>Date</u>	<u>Student Name</u>	<u>Student Grade/Teacher</u>	<u>Allergies</u>
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## MABANK ISD REQUEST FOR MEDICATION ADMINISTRATION FORM

*Medication should be administered at home whenever possible. However, medication can be administered during school hours when the following guidelines are adhered to:*

1. For student safety all medication should be brought in by the parent. **Controlled substances MUST be brought in to the clinic by a parent.** Medications are not provided by the school.
2. **All medication must be in the original container**, properly labeled with the student's name, type of medication, and direction for administration. Expired medication will not be accepted.
3. A Medication Request Form is completed by the parent/guardian.
4. Non-prescription medication requires a written physician's request or prescription. All non-prescription medications ordered by a physician will be supplied by the parent.
5. Changes in medication dosage require a new physician's signature/order. A new Request for Medication Administration Form must also be completed by the parent if there is a change in dosage.
6. As an added benefit to the parents of Mabank ISD students, the school nurse or designated staff will make every attempt to notify the parent and/or guardian two or more weeks prior to the expiration date for prescription medications. The parent and/or guardian will be given 5 days from the date of notification to pick up medications from the school clinic. Medications that have not been picked up from the school clinic before the end of the school year will be destroyed.
7. All over the counter medications that have not been picked up from the school clinic before the end of the school year will be destroyed without notification.
8. Authorized district employees may administer medication in the absence of the nurse.

Please give medication prescribed to \_\_\_\_\_ as prescribed by Dr. \_\_\_\_\_

Name of Medicine: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

What is the condition for which the medication is required? \_\_\_\_\_

Dosage \_\_\_\_\_ Route \_\_\_\_\_ Time to be Given \_\_\_\_\_

Will this be the first dose of new medication for your child \_\_\_\_\_ Yes \_\_\_\_\_ No

*I request and authorize Mabank ISD to administer the above medication as prescribed. I understand that the school administrator may designate any qualified person or persons to administer this medication. I give permission for school personnel to administer medication to my child and release MISD from liability to any allergic reaction.*

*I authorize the school's Health Clinic staff and the prescribing physician to discuss and/or clarify this medication order or in the interest of the student's health, to discuss his/her response to the prescribed medications required by the Nurse Practice Act and Medical Practice Acts of Texas. If the consent for the nurse and the doctor to consult regarding this medication is not granted or is revoked, it may not be possible for school personnel to administer prescribed medications.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Statement of Non-Discrimination

Mabank Independent School District does not discriminate on the basis of race, color, national origin, age, sex, or disability in its employment, practices, activities and programs.  
El distrito independiente de la escuela de Mabank no discrimina de la raza, del color, del origen nacional, de la edad, del sexo, or de la inhabilidad en su empleo, prácticas, actividades y programs.