

Medication Plan for the LD Bell Band  
(Updated 2013)

The district's policy states that medication must be given by a **school employee**. In order to comply, a set of plans have been put in place for storage and dispersment of doctor prescribed medication for all students. Please see the instructions below for specific instructions based on the type of medication.

For Students that are normally given medication by the school nurse during the normal school day:

- The school nurse will give us the needed paperwork from the school district containing specific prescription and dosage information
- The Parent will provide the needed medication in the properly prescribed bottle/container the medication was issued in with the student's name and prescription listed.
- The Parent will bring the medication to the 'call time' of the out-of-town event and meet with the designated staff member joining us on the trip. If the school has no record of this information, the parent must submit the included paperwork to the designated staff member attending the trip during call time

For students with clearance from the school district for self-care of medication (i.e. diabetics):

- The school nurse will give us the needed paperwork from the school district containing specific prescription and dosage information. If the school has no record of this information, the parent must submit the included paperwork to the designated staff member attending the trip during call time
- The Parent will provide the needed medication in the properly prescribed bottle/container the medication was issued in with the student's name and prescription listed.
- The Student will provide self-care and may carry the needed prescribed medication

For students that normally take doctor prescribed medication at home on a regularly scheduled basis or are prescribed by a doctor during the period of time we are on the trip:

- The Parent will provide the needed medication in the properly prescribed bottle/container the medication was issued in with the student's name and prescription listed.
- The Parent will fill out the attached medical form
- The Parent will bring the medication and attached medical form to the 'call time' of the out-of-town event and meet with the designated staff member joining us on the trip

For students caring emergency medication used on an 'as-needed' basis (i.e. inhalers, epi pens):

- The school nurse will give us the needed paperwork from the school district containing specific prescription and dosage information. If the school has no record of this information, the parent must submit the included paperwork to the designated staff member attending the trip during call time
- The Parent will provide the needed medication in the properly prescribed bottle/container the medication was issued in with the student's name and prescription listed.
- The Parent will bring the medication to the 'call time' of the out-of-town event and meet with the designated nurse joining us on the trip.
- Exception: In the case of prescribed inhalers & epi pen, the student may carry the appropriate inhaler & epi pen at all times

**HURST-EULESS-BEDFORD I.S.D.**  
**PHYSICIAN'S REQUEST FOR ADMINISTRATION OF MEDICINE**  
**SECONDARY SCHOOLS**

Name of Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ School's Phone \_\_\_\_\_ School's Fax # \_\_\_\_\_

1. Condition for which prescribed treatment is required:

2. Specific **medication, dosage and method** of administration or specific procedure:

3. Precautions, unfavorable reactions, limitations after administration of medicine or procedure:

4. \* **Student may carry inhaler with him/her at all times unless otherwise specified by physician.**

Date of request: \_\_\_\_\_

Date of Termination: \_\_\_\_\_

\_\_\_\_\_  
Physician's Name (Printed)

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Address

\_\_\_\_\_  
Physician's Phone #

\_\_\_\_\_  
Fax #

**PARENT/GUARDIAN**

We, (I), \_\_\_\_\_  
Name of Parent/Legal Guardian (Please Print)

Consent for the principal or designee to administer the above medication or procedure to (my) child during school hours as specified by my physician.

I agree to furnish any supplies or necessary equipment required. I understand that the school must have the following information prior to administering medication to my child. All medication brought to school shall be in the original labeled prescription container. For the protection of the student, over-the-counter medicine should also be in the original container.

\*It is advisable to keep an inhaler in the nurse's office for emergencies or when student may forget his/her inhaler.

Extra inhaler will be brought to nurse's office. \_\_\_\_\_ Yes \_\_\_\_\_ No

**Parental Consent:** 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.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Business Phone #