

Student Medication Administration during Off Campus Activities

In accordance with State law and Katy ISD Board Policy and Administrative Regulations, medication may be dispensed to a student by trained school personnel. Both prescription and non prescription drugs must be in their original container. Prescription medications must be labeled by the pharmacist with appropriate dosing information. There will be no more than one medication per properly labeled container. Additional paperwork may be required for certain medications required to treat diabetes, asthma and/or anaphylactic reactions. Failure by the student to follow administrative guidelines regarding medications may result in disciplinary consequences.

| | | | |
|----------------------|------|---------------|-------|
| Student Name | | Date of Birth | |
| Parent/Guardian Name | | | |
| Address | | | |
| Phone (Home) | Work | Cell | Other |

| Medication(s) to Administer | | |
|--------------------------------------|------|------------------|
| Name of Medication #1 | Dose | Time to be given |
| Reason for Administration (optional) | | |
| Name of Medication #2 | Dose | Time to be given |
| Reason for Administration (optional) | | |
| Name of Medication #3 | Dose | Time to be given |
| Reason for Administration (optional) | | |

I, _____, hereby give KISD School Personnel permission to administer the above medication/s to my child, named above, for **JET Band** (activity) from **10/1/08** (date) to **6/5/09** (date).

| | |
|------------------|------|
| Parent Signature | Date |
|------------------|------|

| District Use Only | | | |
|-------------------|---|----------|---|
| Initials | Authorized KISD Employee (please print) | Initials | Authorized KISD Employee (please print) |
| | | | |
| | | | |

| Medication #1 | | | Medication #2 | | | Medication #3 | | |
|---------------|------|---------|---------------|------|---------|---------------|------|---------|
| Date | Time | Initial | Date | Time | Initial | Date | Time | Initial |
| | | | | | | | | |
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