

## 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 \_\_\_\_\_ (activity) from \_\_\_\_\_ (date) to \_\_\_\_\_ (date).

Parent Signature	Date
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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

