



Keller Independent School District

Medications on High School Overnight Field Trips/Competitions Parent/Guardian Consent Form

The following guidelines are in effect for all overnight HIGH SCHOOL field trips and/or competitions.

High School students may carry and self-administer over the counter medications (Tylenol, ibuprofen, etc.) and some prescription medications (ex. antibiotics) with parental permission on overnight field trips/competitions. **Students may NOT carry controlled substances at any time.** All controlled substances, including behavior modification drugs, **must be kept and administered by a designated sponsor (school employee).**

All medications (prescription and non-prescription) that the student will be taking on the trip must be documented on this form. Prior to leaving the school, the student must turn in this completed form and show the medication in the properly labeled original container to the designated sponsor (school employee) for the trip. **ONLY enough medication to cover the duration of the trip should be taken with the student. Only FDA approved medications can be brought. Any controlled substances must be given to designated sponsor (school employee).**

STUDENTS NAME: _____ TRIP/COMPETITION: _____

| MEDICATION TO BE CARRIED AND SELF-ADMINISTERED BY STUDENT | DOSAGE | TIME TO BE ADMINISTERED | INITIAL OF SCHOOL EMPLOYEE VERIFYING MEDICATION/FORM |
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| CONTROLLED SUBSTANCE MEDICATION TO BE ADMINISTERED BY SCHOOL EMPLOYEE | DOSAGE | TIME TO BE ADMINISTERED | INITIAL OF SCHOOL EMPLOYEE VERIFYING MEDICATION/FORM |
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I give permission for the above listed medication to be carried and self-administered by my student and/or I give consent for the above listed controlled substance medication to be administered by designated sponsor (school employee). If my student has a serious health concern (diabetes, anaphylaxis, asthma, etc), I have spoken with the campus school nurse prior to the trip.

I have discussed the following with my student:

- Why, when and how to take this medication
- The side effects of this medication.
- NOT SHARING MEDICATION WITH OTHERS

Please list any known medication allergies: _____

PLEASE NOTE: If any medications are found on the student that are not listed on this form, the student may be subject to disciplinary action.

Parent Signature: _____ Date: _____

Emergency Contact #s: _____

Sponsor Signature (school employee): _____ Sponsor Initials: _____