



Pearland Independent School District

Authorization for Self-Administration of Medication on Overnight Trips and Waiver/Indemnification from Liability

Overnight Trip Date: _____ Overnight Trip Sponsor/ Group: _____ Overnight Trip Destination: _____

Students in grades 7-12 may carry and self-administer their own prescription or over-the-counter medication if this written authorization form is completed and given to the school nurse (or lead district nurse). **No controlled substances can be self-administered** (this includes most ADHD medications). Controlled substances must be administered by a PISD staff sponsor. **EXPIRED OR INCORRECTLY LABELED MEDICATION WILL NOT BE ACCEPTED.** Instructions for administration must match the prescription label or the over-the-counter medication directions for administration on original packaging. **All medications to be taken on this overnight trip must be turned in to the school clinic along with this completed form 3 days prior to departure.**

Student Name (Last)		(First)		(MI)	DOB
Grade		Teacher			
Type of Medication <input type="checkbox"/> Prescription <input type="checkbox"/> Non-Prescription			Name of Medication		
Date to Begin Medication	Date to End Medication	Time to be Given		Amount to be Given	
Reason medication is being given					
Route of Administration <input type="checkbox"/> Oral <input type="checkbox"/> Inhalation <input type="checkbox"/> Topical <input type="checkbox"/> IM <input type="checkbox"/> SQ <input type="checkbox"/> Other:					
Prescribing Health Care Provider Name		Prescribing HealthCare Provider Signature		Office Phone	Date

I give permission for my child to carry and self-administer the medication indicated above.

The undersigned parents/guardians (“Parents”) hereby authorize the Pearland Independent School District (“District”) to allow the Parent’s child named below (“Child”) to self-administer the medication stated below (“Medication”), and represent to the District that the history stated below of the child’s experience with the illness being treated by the Medication is accurate and complete. The Parents also authorize the District to implement any necessary plan of action required for addressing any emergency situation which may arise as a consequence of the Child self-administering the Medication.

The District hereby notifies the Parents that neither the District, its employees nor its agents shall incur any liability as a result of any injury arising from the self-administration of the Medication by the Child, and the Parents hereby acknowledge that no such liability shall exist, and on behalf of themselves and the Child hereby waive any such liability. Furthermore, the Parents hereby agree to indemnify and hold the District harmless against any claims whatsoever arising out of the self-administration of the Medication by the Child.

If a student is found to be carrying medication without the appropriate authorization on file or is found sharing medication, then the student will be considered to be in violation of the district’s drug-free policy and will be referred to a campus administrator for violation of student code of conduct.

Parent Signature: _____ Parent Printed Name: _____ Date: _____

Student Signature: _____ Student Printed Name: _____ Date: _____

Health Care Provider Signature: _____ Printed Name: _____ Date: _____

(Required ONLY for trips of 10 days or more)