



PEARLAND INDEPENDENT SCHOOL DISTRICT

School Health Services

Student Self-Administering Medication Agreement for Overnight Trips

Students in grades 7-12 will be allowed to self-administer non-prescription and certain prescription medications during overnight trips, subject to the following:

1. This form must be completed and brought to the campus clinic along with the medications that will accompany student on trip for School Nurse review before the student can self-administer medication.
2. This agreement is good for one school year or until revoked in writing by a parent/guardian or Pearland ISD administration.
3. No student may self-administer any controlled substances, including but not limited to schedule II narcotic pain relievers (Tylenol 3, hydrocodone), narcotic cough suppressants (containing Codeine), or amphetamines (Adderall, Ritalin; methylphenidate, dexamethylphenidate, etc.).
4. All prescription and non-prescription medication must be kept in the original container and:
 - Prescription labels must specify the name of the student, name of the medication, dosage, route, and frequency of administration and any other special instructions.
 - Non-prescription medication must have the student's name affixed to the original container. No pill dispensers will be permitted.
 - Medication may not be expired.
 - Dosage must be age appropriate and according to over-the-counter medication package instructions for use.
5. The student may only have possession of the amount of medication needed for the event.
6. If a student is found carrying medication without the appropriate authorizations on file, that student will be referred to district administration for violation of the district's drug-free policy.
7. Sharing and/or borrowing medication with another student is strictly prohibited.
8. Permission for self-medication may be revoked if the student violates school district policy/regulations governing administration of medication. Additionally, students may be subject to disciplinary action.
9. Pearland ISD bears no responsibility for ensuring that the medication is taken as directed by parent or physician. Pearland ISD uses the Texas Department of State Health Services guidelines for medication administration found at the following link: [Guide to Medication Administration in the School Setting](#)

I have read and agree to the above guidelines and give permission for my child to carry and self-administer his/her own medication.

Student Name: _____ Date of Birth: _____ Campus: _____ Grade: _____

1. Medication: _____ 3. Medication: _____

4. Medication: _____ 4. Medication: _____

I agree to comply with the above guidelines. I am aware that this privilege can be revoked if student is found to be non-compliant.

Parent signature: _____ Date: _____

Student signature: _____ Date: _____

Nurse signature: _____ Date: _____

Administrator signature _____ Date: _____