



# Pearland Independent School District

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

Overnight Trip Sponsor/ Group: \_\_\_\_\_ School Year: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Campus: \_\_\_\_\_ Grade: \_\_\_\_\_

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 Overnight Trip Sponsor, subject to the following:

1. This agreement is good for **one school year** or until revoked in writing by a parent/guardian or Pearland ISD administration.
2. Students **may not** self-administer any controlled substances, including but not limited to amphetamines (i.e., ADHD medications), schedule II narcotic pain relievers (Tylenol 3, hydrocodone), narcotic cough suppressants (containing Codeine).
3. 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 must not be expired.
  - Dosage must be age appropriate and according to over-the-counter medication package instructions for use.
4. The student may only have possession of the amount of medication needed for the event.
5. 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.
6. Sharing and/or borrowing medication with another student is strictly prohibited.
7. 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.
8. Pearland ISD bears no responsibility for ensuring that the medication is taken as directed by parent or physician.

1. Medication: \_\_\_\_\_ 2. Medication: \_\_\_\_\_

3. Medication: \_\_\_\_\_ 4. Medication: \_\_\_\_\_

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

The undersigned parent/guardian (“Parent”) hereby authorizes the Pearland Independent School District (“District”) to allow the Parent’s child named above (“Child”) to self-administer the medication stated above (“Medication”). The Parent also authorizes 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 Parent 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 Parent hereby acknowledges that no such liability shall exist, and on behalf of themselves and the Child hereby waive any such liability. Furthermore, the Parent hereby agrees 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: \_\_\_\_\_

Date: \_\_\_\_\_

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_

Sponsor signature: \_\_\_\_\_

Date: \_\_\_\_\_