

High School Off Campus Activities
Guidelines for the Distribution of Medication

The parent/guardian of a student who will need to take medication during an off campus event must provide the coach, trainer, or sponsor of the group a list of the current medications that the student takes, the reason the medications are taken, and any potential side effects. The parent/guardian and student must annually sign the required consent form indicating agreement with the guidelines below:

- a. The parent/guardian agrees that the student is responsible and knowledgeable enough to carry and self-administer the medications.
- b. The parent/guardian shall agree that the student has received the requested medication previously and has suffered no potentially dangerous side effects.
- c. All medications must be in the original labeled bottle, and only the amount needed for the trip will be sent with the student.
- d. Parent/Guardian shall agree to release the sponsor and any school employee from responsibility to administer, supervise, or ensure that the medication is taken by the student as prescribed or indicated on the label.
- e. The district and its employees shall be held harmless and not liable for any adverse effects to the student or any other person from the medications sent with students.
- f. The student must sign a statement agreeing that the student understands that the medication must be carried in the original container, only the amount needed for the duration of the event should be carried, he/she must not share his/her medication with anyone, and that the privilege to carry medication may be revoked at any time if the student is found to be in violation of the agreement and disciplinary action may be taken.



HIGH SCHOOL OFF CAMPUS ACTIVITIES
MEDICATION PERMISSION CONSENT

I, _____, have read and agree to follow the guidelines on the reverse of this form:

Student Signature _____ Date _____

Parent/Guardian Consent:

I give permission for my student _____, grade _____, to take the following medications while on the school sponsored activity.

I understand that he/she must follow the guidelines outlined on the reverse.

Name of Medication/ Amount provided	Reason	Dose	Frequency of use/ Time to be taken
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any potentially dangerous side effects that may occur as a result of incorrect dosage or misuse of the medications listed above:

Parent Signature _____ Date _____