



Cabin Name		Group #	
Student Name		Allergies	
Homeroom Teacher		Parent Name	
Contact phone		Will you be a chaperone? Yes No	
Emergency contact			

Please deliver only medications you believe your child will need to the School Nurse or designee before _____.

Guidelines:

- All medication MUST be provided by the parent/guardian
- All medication MUST be in the original container clearly labeled with child's name
- Send dispensing cups, syringes, and necessary items along with medication
- Instructions and/or doctor's orders must be included with the medications
- All medication must be picked up by the parent/guardian after camp

Name of Medication	Reason for Medication	Strength (i.e.5mg)	Dosage (i.e. 1 tab)	Time to be administered

Parent/Guardian Consent:

I am the parent/guardian of the above mentioned student. I hereby acknowledge that I have read and understand the School Board Regulations found on our website, melissaisd.org, regarding the administration of medications at school activities. I give permission for the above medication(s) to be administered to my child during camp by authorized school personnel. My child may self-administer emergency medication according to school guidelines. I understand that the District, the Board, and its employees are not liable for damages or injuries resulting from administration of medication to my child in accordance with Texas Education Code 22.052.

Parent/Guardian Name

Signature

Date



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Scheduled Medication(s) Administration Record:

Date/Time	Medication	Dose	Signature of Employee

As Needed Medication(s) Administration Record:

Date/Time	Medication	Dose	Signature of Employee

Designee Name:	Signature:
Designee Name:	Signature:
Designee Name:	Signature: