ANGLETON ISD Medication Consent

Participation in this program requires frequent travel for school events during the school year. Please provide the following information to be kept on file and keep the information up-to-date as needed.

Student	Name:					
I hereby g	ive permission for m	y son/daughter to travel	on transportation pro	vided by Angleton ISI	O to	
			Theatre functions du	ring the 2023-2024 sch	nool year.	
List	any	known	dr	ug/food	allergies:	
List	medical	conditions	(asthma,	contacts,	etc.):	
	Non-Prescription	on / Over-the-Coun	ter (OTC) Medic	ation Authorizatio	 on	
	If available, a First A	id kit, with approved C	OTC items, may be pro	ovided for minor ailme	ents.	
(initio	al) I <u>do not</u> give con	sent to staff to administ	er any non-prescription	on medication to my st	udent.	
		staff to administer non-		•		
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 0	lease <u>initial</u> each medica		•	inaida dela ii.	
А		Ibuprofen			roat Lozenges	
					Menstrual Pain Reliever	
A					Kellevel	
	1 nereby certi	fy that my student has no) known arug allergies	(initial).		
		Prescription	Authorization			
-		ister medication/s listed an adequate amount of	-	0 1 1		
Medicatio	n/s:					
\mathbf{N}	Medications will be ad	dated/added at the time ministered according to	the physician's instr	action on original cont		
Phone (W	/)		(C)			
2 nd Emerg	gency Contact Name					
Phone (W			(C)			

Note: Under the Texas Tort Claims Act school districts have governmental immunity and are not liable for injuries that are not a direct result of negligent operation or use of a motor vehicle.