

**State Marching Competition Prescription Medication Notification**

My student \_\_\_\_\_ will need to take the following medication(s) during the spring trip. I will send the medications to school with my student in the original container placed in a see through baggie clearly labeled with the student's name on Saturday, November 3. I understand trip staff will be available for the student to take the medication as directed during the trip and that it is my student's responsibility to coordinate with the staff. I understand that Leander I.S.D. personnel will protect my child and not administer medication if the Permission to Administer Prescription Medications form is not completed or the medication is not furnished as required.

Medication

Dosage (amount and time)


\_\_\_\_\_

\_\_\_\_\_

Parent/guardian signature

Date

Office Use Only

BUS # \_\_\_\_\_

ROOM # \_\_\_\_\_