



**REQUEST TO CARRY NON-PRESCRIPTION MEDICATION**

One form must be completed for each medication.

I hereby request that the school personnel of Lake Travis High School permit my child to carry and self-administer the following non-prescription medication.

Student Name: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dosage (amount) of Medication: \_\_\_\_\_

Medication is for the following condition(s): \_\_\_\_\_

Other medication this student currently takes: \_\_\_\_\_

I have reviewed the proper method of administration (storage, dosage and frequency) with my child. I understand LTISD does not accept any responsibility for the self-administration of over-the counter medication, including but not limited to , the administration, supervision or documentation thereof. I have instructed my student that they may take their medication only as recommended and may not share any medication with another student. Sharing medication could result in serious disciplinary action.

\_\_\_\_\_  
Signature of Parent of Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian name

\_\_\_\_\_  
Daytime Phone