



ENGINEERING & TECHNOLOGIES ACADEMY ROOSEVELT HIGH SCHOOL

5110 WALZEM ROAD SAN ANTONIO, TEXAS 78218
(210) 650-1200 EXT. 386 FAX (210) 650-1227

Medication Administration Directions

Date _____

I _____ am sending the following medications in their original pharmacy
(Parent/Guardian)
package for _____ to be administered during the fieldtrip by the sponsor in charge.
(Son/Daughter)

_____ I understand that my child will not be allowed to carry any prescription or non-prescription
initials medication while on the fieldtrip. It must be administered by the sponsor.

List medication names, dosage amount, how often needed and time to administer.

	Medication	Dosage	How Often	Time Needed
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Any medication that is not listed on this form will not be allowed to be administered.

(Parent/Guardian Signature)

Date

(Student Signature)

Date