

Non-Prescription Medication Form

No medication will be administered to your child without this form signed and returned.

Student Name: _____

Grade: _____

Address: _____

Home Phone: _____ Parent Cell Phone: _____

Parent Work Phone: _____

1. I give permission for the Band Staff and/or the Band Booster Medical Personnel to administer the following over the counter medication(s) to my child in the dosage listed on the bottle when conditions warrant. (Please check any and all medications allowed to be administered to your child.) If you do NOT want a medication administered to your child, do not check the box.

_____ Acetaminophen (Tylenol)

_____ Ibuprofen (Advil)

_____ Diphenhydramine Hcl (Benedryl)

_____ Dimenhydrinate (Dramamine)

_____ Roloids/Tums

_____ Midol

_____ Hydrocortisone Cream

2. Does your child have any allergies or medical conditions? Please explain: _____

3. I will notify the Band Staff immediately if there is any change in the use of these medications.

4. I release and agree to hold the Board of Education, its officials and employees, the Band Staff, the Band Boosters, and the Band Booster medical personnel harmless from any and all liability foreseeable or unforeseeable for damages or injury resulting directly or indirectly from this authorization.

Parent/Guardian Signature: _____ Date: _____