

**IMPORTANT:** Prescription medication forms should **ONLY** be filled out for any meds given by band staff **while at band** (insulin, etc.). If you are on a medication that is not being administered during band, simply make sure it is listed on your final forms.

**Massillon Band Program  
Medication Release Form  
PRESCRIPTION MEDICATIONS  
(Non over the counter meds)**

*This form **MUST** be completed by a physician before any prescription medication can be used by your student on any band trip.*

Student's name \_\_\_\_\_ Grade \_\_\_\_\_

Medication Prescribed \_\_\_\_\_

Dosage \_\_\_\_\_

Time to be administered \_\_\_\_\_

Reason for med? \_\_\_\_\_

Special instructions or side effects? \_\_\_\_\_

This signed form gives permission for the band nurse, or her designee, to administer the above medicine(s) to the student named above.

**IMPORTANT REQUIREMENT:**

Parent/Guardian

signature \_\_\_\_\_ Date \_\_\_\_\_

\*Physicians's

signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

**Please Note:** To comply with Ohio State Law, the following pertains to any prescription med your child may be on:

1. The medication must be given to the nurse/designee before leaving for any band trip. (There will be a table set up in the armory or cafeteria where you may turn in the medication. Please don't make the directors or the nurse look for your student to turn in the medication).
2. The med must be in a properly labeled current medicine bottle (must have child's name, name of med, dosage, how many times a day, and the doctor's name).
3. A new form must be completed if changes in dosage occur.
4. Please don't ask us to "break the rules" for your student. We must follow the rules set by the State of Ohio.