** Permission for Medication Form**

 *Wren High School Band/Anderson County District One Public Schools*

 A NEW MEDICATION FORM MUST BE FILLED OUT EACH TIME WE TRAVEL

**ONLY IF YOU ARE BRINGING MEDICATION FROM HOME TO BE ADMINISTERED**

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The WHS Band will have the following over the counter medications in the band medical**

**kit. Please indicate which of the following medications you wish to be administered to your**

**child while participating/traveling with the band, if needed.**

**\_\_\_\_ Tylenol \_\_\_\_ Benadryl \_\_\_\_ Sudafed \_\_\_\_ Mylanta**

**\_\_\_\_ Motrin \_\_\_\_ Imodium \_\_\_\_ Tums**

**In addition, I am sending the following medication(s) to be administered to my child while**

**participating/traveling with the band:**

**MEDICATION DOSAGE STRENGTH TIME(S) TO BE GIVEN**

|  |  |  |  |
| --- | --- | --- | --- |
| MEDICATION  | DOSAGE | STRENGTH | TIME(S) TO BE GIVEN |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Possible side effects: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special Considerations, Any Known Allergies, etc \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I understand and agree to the following:**

• **All prescription medications must be in the current container.**

• **All over the counter medication must be in the original container**

• **It is the parent/guardian’s responsibility to deliver and pick-up all medications.**

• **The school, school district, school personnel or band boosters will not be held liable for any adverse drug reaction when given according to the prescribed methods.**

**I give my permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to take the above medication**

**while participating/traveling with the band.**

**Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_**

**Printed Name of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**