

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

ONLY IF YOU ARE BRINGING MEDICATION FROM HOME TO BE ADMINISTERED

2005-2006 Jacket Regiment
Permission for Medication Form

North Augusta High School Band/Aiken County Public Schools

NAME _____ DOB _____

The NAHS 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

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 _____