

Authorization for Tylenol/Advil/Over the Counter Medications

To the parent or adult student:

The following is necessary for any student to use the listed over-the-counter medications or to receive treatment in school. All spaces must be completed.

Name of Student _____ Phone Number _____
Address _____ Date of Birth _____

1. I am requesting permission for my child named above to use/receive medication
_____ parents initials here.
2. I will assume responsibility for the safe delivery of the medication to school, either by me or by my child.
3. I will notify the school immediately if there is any change in the use of the medication or prescribed treatment.
4. I release and agree to hold the Board of Education, its officials, the band boosters, and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization

Signature of Parent/Guardian Date

Cell Phone Number Email Address

Tylenol/Advil use- Boosters will provide Tylenol or Advil, please do not send any with the student.

If need be, my child may take the following:

Pain Relief Options	Dosage (circle your selection)
_____ Tylenol	1 tablet or 2 tablets
_____ Advil	1 tablet or 2 tablets
_____ Either	1 tablet or 2 tablets

Other OTC Medications- Please turn in this medication to the band camp nurse at luggage drop off in its original container.

Medication Name	Dosage Instructions
_____	_____
_____	_____
_____	_____