

AUTHORIZATION TO GIVE MEDICINE AT SCHOOL/TRIP AND MEDICAL RELEASE

Name of Student: _____

Students with asthma are allowed and encouraged to carry their inhaler at all times!

Please list all prescription medication, including asthma inhalers, and the condition for which medication is being administered:

Dosage and time to be given

Will any of these medications be taken at school? Y N
Do any of these medications require refrigeration? Y N

May your student be given any of the following over-the-counter medication when needed?

Tylenol Y__ N__ Dosage _____ Benadryl Y__ N__ Dosage _____
Advil Y__ N__ Dosage _____ Cough Drops Y__ N__ Dosage _____
Tums Y__ N__ Dosage _____

THIS FORM MUST BE SIGNED BY BOTH PARENT AND PHYSICIAN IF IT COVERS PRESCRIPTION DRUGS.

FOR OVER-THE-COUNTER NON-PRESCRIPTION ITEMS, A PARENT SIGNATURE IS SUFFICIENT.

PARENTS SIGNATURE _____ DATE _____

PHYSICIAN SIGNATURE _____ DATE _____

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MEDICAL AUTHORIZATION AND RELEASE: In the event my child requires immediate or emergent medical care, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby authorize the BC band director and/or the adult chaperone(s) who are then in charge to transport my child to a qualified health care provider, provide emergency first aid, or to otherwise seek professional medical care for my child as they deem appropriate. I also authorize the health care provider who treats my child to provide my child with any medical treatment that he or she deems necessary or advisable under the circumstances, including but not limited to, hospitalization, anesthesia, surgery, medication and emergent care. I understand that the Benton Central High School band department, band director, chaperones and volunteers are not responsible for any improper medical care rendered to my child, or for any medical expenses incurred on behalf of my child.

PARENTS SIGNATURE: _____ DATE: _____