

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 to my child named above to use/receive medication _____ parents initials here
2. I will assume responsibility for 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 my 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
