

PERRY BANDS

Medication and Medical Consent Form

Student Name: _____

The following over-the-counter medications are kept in the Perry Bands' first aid kits. Parent/Guardian permission is required to dispense any medications to your student. Only an approved Chaperone or Director of Bands will dispense OTC medication. Please **INITIAL** which OTC medications and generic equivalents, if any, you are permitting your child to take according to the label directions.

_____ Tylenol (Acetaminophen)

_____ Imodium (Loperamide)

_____ Advil (Ibuprofen)

_____ Benadryl (Diphenhydramine)

_____ Tums (Antacid)

_____ Dramamine (Dimenhydrinate)

_____ Do NOT Dispense Over-the-Counter Medication

List any drug allergies your child has:

List any medications your child is permitted to have in their possession:

I hereby give permission for a Perry Bands Chaperone or Director of Bands to dispense the above initialed over-the-counter medications(s) if needed to my child, named above, according to the label directions.

I hereby give my consent in the case of emergency for my child, named above, to be taken by a Chaperone or Director of Bands to the nearest hospital for emergency care.

Parent/Guardian: _____

Parent/Guardian: _____

Phone Number: _____

Phone Number: _____

In case of emergency, and if parents/guardians are not available, please contact:

Name: _____

Family Doctor: _____

Phone Number: _____

Phone Number: _____

Parent/Guardian Signature

Date