

BHS MARCHING BAND
MEDICAL & MEDICATION CONSENT FORM

Marching Band Student's Name: _____

The following over the counter medications are kept in the Basha High School Marching Band first aid kits. Parental/guardian permission is required to dispense any medications to your student. Please initial which over the counter medications, if any, you are permitting your child to take according to the label directions. Over the counter medication would be dispensed only by a chaperone/band parent or band instructor if needed.

- _____ Tylenol
- _____ Excedrin
- _____ Ibuprofen (generic for Motrin or Advil)
- _____ Tums
- _____ Imodium (anti-diarrheal)
- _____ Benadryl (for allergies or allergic reaction)
- _____ Do NOT dispense any over the counter medications to my child.

The kit also contains band aids, wound cleaning pads, gauze pads, paper tape, antibiotic ointment, anti-itch cream, latex gloves etc.

Please include any drug allergies your child may have, as well as any medication they will have on their possession at band camp:

I give permission to dispense the above initialed over the counter medication(s) to my child, _____, if needed, by a Basha High School band parent/chaperone or band instructor, according to label directions.

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

Father/Guardian Name _____ Phone _____

Cell _____

Mother/Guardian Name _____ Phone _____

Cell _____

In case of emergency, if parents are not available, please contact:
Name: _____ Phone _____

Family Doctor _____ Phone _____

Family Dentist _____ Phone _____

Parent or guardian signature

Date