

Prescription or over the counter medications

Student Name: _____ Age: _____ DOB: _____

Please list any prescription or over the counter medications your child is currently taking. This information is necessary if your child is to be treated by a medical professional. Also, please advise if any medication can be administered to your child while at any band event.

_____ My child currently takes no medications, prescription or over the counter.

My child currently takes the following medications:

Medication	Dosage

CIRCLE Yes or No to indicate if you allow your child to receive the following medication, at an age appropriate dose, while participating in any band event.

1. Acetaminophen (Tylenol) or Ibuprofen (Motrin/Advil) at an age appropriate dose for discomfort, pain, or fever
YES NO _____ Parent Initial
2. Antacid liquid or tablets for indigestion/minor stomach discomforts and at an age appropriate dose.
YES NO _____ Parent Initial
3. Diphenhydramine (Benadryl) for symptoms of allergic reactions, insect stings, or rashes at an age appropriate dose.
YES NO _____ Parent Initial
4. Sore throat relief spray or cough drops for sore/irritated throat
YES NO _____ Parent Initial
5. Itch and rash relief cream/ointment for minor skin irritations
YES NO _____ Parent Initial
6. Triple antibiotic ointment for minor skin abrasions/wounds
YES NO _____ Parent Initial

Parent/Guardian Signature

Phone Number