**Form F**

**Please Fill Out Clearly & Carefully**

**2020-2021 Student Medication Form and Release**

**Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The Band Boosters carry a first-aid kit with some **basic** over-the-counter medications (in bold) and basic first aid supplies. Your child may also supply their own o-t-c medications and any prescription medications they require. Either way, you must authorize us to provide, or your child to possess these medications.

**Please initial the box on the left to authorize to use of these medications while participating in band activities.**

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| --- | --- | --- |
| **INITIALS** | **Name of Medication** | **“As prescribed” or other instructions** |
|  | Ibuprofen (Advil, Motrin) |  |
|  | Acetaminophen (Tylenol) |  |
|  | Aspirin |  |
|  | Naproxen (Aleve) |  |
|  | **LIST ANY OTHER MEDICATIONS****BELOW and INITIAL** | **PLEASE LIST REASON FOR MEDICATION** |
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**Please list below any medical conditions your child may have.**

**Please list any allergies your child has along with the reaction to the allergy.**

|  |  |
| --- | --- |
| **Allergy** | **Reaction** |
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**I understand that the Band Booster and their parent volunteers care very much for the safety and well-being of my child. I understand that they take every precaution they can to help keep my child safe. I hereby release the Band Boosters and their parent volunteers from liability in the case of any injury/illness that may take place in the course of their contact with my child(ren).**

**\*Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**