

Prescription and OTC Medication Form

To protect all of the students this form must be turned in each year and kept by the ENHS Band Staff. All prescription medications must be in the original container, labeled with the student's name.

Student Name: _____ Age: _____

Any Known Allergies: _____

Name of Prescription Medication: _____

Dosage: _____

Side Effects: _____

Name of Prescription Medication: _____

Dosage: _____

Side Effects: _____

Name of Prescription Medication: _____

Dosage: _____

Side Effects: _____

Name of Prescription Medication: _____

Dosage: _____

Side Effects: _____

My child HAS or DOES NOT HAVE -(Please Circle One)-my permission to take 'Over the Counter' Medications provided from the band first aid kit as needed with the exception of the medication listed next during the 20____-20____ Band School year.

Parent Signature: _____ Date: _____

Emergency Contact numbers: _____

Each student will be responsible for administering their own medication. It will not be turned in to a staff member or chaperone. Each student will be responsible for keeping their own personal medication in their possession—that includes prescription medication, rescue inhalers, and "over-the-counter" medications. All medications must be in original containers. Prescription medications must be labeled with the student's name. The information on this form will be used by the band staff to provide information to a health care facility in the event of an emergency.