

**AUTHORIZATION TO GIVE MEDICINE AT SCHOOL/TRIP AND MEDICAL
RELEASE**

Name of Student: _____

**Students with asthma are allowed and encouraged
to carry their inhaler at all times!**

Please list all prescription medication, including asthma inhalers, and the condition for which medication is being administered:

Dosage and time to be given:

Will any of these medications be taken at school? Y/N

Do any of these medications require refrigeration? Y/N

May your student be given any of the following over-the-counter medication when needed?

Tylenol Y___ N___ Dosage _____

Benadryl Y___ N___ Dosage _____

Advil Y___ N___ Dosage _____

Cough Drops Y___ N___ Dosage _____

Tums Y___ N___ Dosage _____

**THIS FORM MUST BE SIGNED BY BOTH PARENT AND PHYSICIAN ONLY IF IT
COVERS PRESCRIPTION DRUGS.**

**FOR OVER-THE-COUNTER NON-PRESCRIPTION ITEMS, A PARENT SIGNATURE
IS SUFFICIENT.**

PARENTS SIGNATURE _____ DATE _____

PHYSICIAN SIGNATURE _____ DATE _____

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MEDICAL AUTHORIZATION AND RELEASE: In the event my child requires immediate or emergent medical care, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby authorize the PMHS Band Directors and/or the adult chaperone(s) who are then in charge to transport my child to a qualified healthcare provider, provide emergency first aid, or to otherwise seek professional medical care for my child as they deem appropriate. I also authorize the health care provider who treats my child to provide my child with any medical treatment that he or she deems necessary or advisable under the circumstances, including but not limited to, hospitalization, anesthesia, surgery, medication and emergent care. I understand that the Perry Meridian High School Band Department, Band Directors, chaperones and volunteers are not responsible for any improper medical care rendered to my child, or for any medical expenses incurred on behalf of my child.

PARENTS SIGNATURE: _____ DATE: _____