

MEDICATION (OTC) RELEASE

Student Name (please print) _____

I, _____, hereby give permission for an AHS responsible parent to administer the following OTC medications if necessary for routine treatment to my son/daughter: (check if applicable)

- Tylenol
- Calamine
- Ibuprofen/Motrin
- Benadryl/Antihistamine
- Antacid/Pepto Bismol
- Cold/Sinus Medicine
- Neosporin/Antibiotic Cream
- Imodium
- Cortisone Cream
- Midol (females only)

Note: The AHS Marching Band/Orchestra First Aid Kit stocks the above listed OTC medications or their equivalents at band camp. **PLEASE DO NOT SEND ADDITIONAL QUANTITIES OF THESE BASIC OTC MEDICATIONS OR ANY OTHER TYPES OF DRUGS WITH YOUR CHILD.**

Please list any PRESCRIPTION Medications that your child will need to take while in Chicago. All medication must be sent in their original container and properly labeled with the students' name, medication name, dosage amount, and time to be given. Students will be allowed to self administer asthma inhalers and eye medications. (NOTE: There is another form in this packet labeled PRESCRIPTION FORM that needs to be filled out by your physician.)

Prescription Medication Name	Dosage	Time to be Given
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student received their last tetanus shot Month _____/Year _____ (current within last 10 years)

_____	_____	_____
Parent/Guardian Name (Print)	Parent/Guardian Signature	Date