

MILFORD EXEMPTED VILLAGE SCHOOL District
 ADMINISTRATION OF Prescription OR NON-PRESCRIPTION DRUGS TO STUDENTS
DURING BAND CAMP or Competition trips ONLY
PARENTAL AUTHORIZATION AND RELEASE FORM

It is necessary that _____ (student's name),

receive medication during **BAND CAMP or Competition trips**. This form is strictly for use during Band and will not be given at school. If this is a prescription medication, a physician signature is required and the medication must be in an original prescription bottle. **NO PRESCRIPTION MEDICATION WILL BE GIVEN WITHOUT A PHYSICIAN'S ORDER. A student may carry an Epi-pen or inhaler with them.**

<u>Medication</u>	<u>Dosage</u>	<u>Time(s)</u>
(Name as it appears on container)		
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____/_____
 Physician Signature Print Name Phone Number

Special instructions for medication administration: _____.

Possible reactions to be reported to the physician: _____.

I/We are the parents(s), guardian(s), or person(s) in charge of _____ . I/We request that the Board of Education of the Milford Exempted Village School District, or its authorized representative administer the above-named medication to my child in accordance with my instructions above and agree to:

1. Make sure personally that the medication is received by the person authorized to administer it in the ORIGINAL BOTTLE.
2. Release the Board of Education of the Milford School District and their designated representative from any liability concerning the giving or non-giving of the medication to the student.

Dated this _____ day of _____ 20_____.

 Name of Student

 Home telephone number

 Alternate number for parent

 Parent(s)/Guardian(s) Signature

