## 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	<del></del>		(stude	ent's name),
receive medication a strictly for use dur a prescription medi medication must be MEDICATION WILL BE G an Epi-pen or inhale	ring Band and v cation, a phy in an origina. <b>IVEN WITHOUT A</b>	vill not be g vsician signa l prescriptio	given at school. ature is requir on bottle. <b>NO E</b>	If this is ed and the PRESCRIPTION
Medication	De	osage	Time(s)	
(Name as it appears on conta	ainer)			
	/			
Physician Signature	Print N	ame	Phone Number	
Special instructions				
Possible reactions to	be reported t	to the physic	ian:	•
I/We are the pare	. I/We reques	st that the	Board of Educat	ion of the
Milford Exempted representative admin				
accordance with my in 1. Make sure pe			to: on is received by	v the
person autho:	rized to admin:	ister it in t	he ORIGINAL BOT	TLE.
			Milford School Da m any liability	
			the medication	
Dated this	day of	20	·	
Name of Student		Home tele	phone number	
Alternate number for	narent	Parent(s)	/Guardian(s) Sid	mature

STUDENT	GRADE	SECTION
MEDICATION	DOSE	AS NEEDED OR DAILY AT(circle)

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GIVEN BY/PRINT NAME				The state of the s							
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DATE	en anna managa makaya da	a sassa la se se de la lace de la casa de la	The second of th		en e		And the state of t	1		er for otherwed examination of the end blacked day one way or and	
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