

Medications: List all Current ROUTINE Medications & Dosage (MUST be sent in Original Container)

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Over the Counter (OTC) Medications:

The Band Parent Organization will travel equipped with basic first aid capabilities. By circling Yes or No below, you are designating permission for the listed OTC medication (or generic equivalent) to be given to your child, upon reasonable complaint and/or minor injury (scrape, minor cut, etc.), by an Nease Band Chaperone or Staff Member in accordance with the Manufacturer’s directions:

Medications	Circle One		Medications	Circle One	
Ibuprofen (Advil, Motrin)	YES	NO	Benadryl (topical)	YES	NO
Acetaminophen (Tylenol)	YES	NO	Intestinal Meds (pepto, tums, etc)	YES	NO
Benadryl (oral)	YES	NO	Topical Antibiotic (Neosporin, etc)	YES	NO

I hereby give my permission and consent for my student to participate in all band activities, including practices, home and away games, competitions, trips and other music-related events throughout the school year. I further give my permission and consent for my student to be supervised by the band director and any designated chaperones at such events. I also authorize the band director and any designated chaperones to obtain, through any licensed medical personnel/physician of their own choosing, any medical care that they deem reasonably necessary should my child be injured or become seriously ill during any and all functions. I hereby grant permission to licensed hospital and/or health center staff members to administer immediate medical treatment as deemed necessary. Further, I understand that I am responsible for payment of expenses incurred relating to my child’s medical treatment. I agree to keep all medical information previously provided about my student up to date.

I acknowledge and understand the risks involved in these events and grant permission for my child to attend and assume those risks. I further agree to release the St. John’s County School Board, its officers, agents, and employees, exercising reasonable care within their scope of employment from liability growing out of personal injuries and property damage resulting or occurring during the aforementioned activity, or in transit to and/or from the activity. I agree to hold harmless the band director, Nease Band Boosters, Inc., and any designated chaperones.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____