

Student Last Name	Student First Name	Band Section
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I hereby give permission for Grand Haven Marching Band staff/chaperones to assist my student to take the following medications according to the directions on the label.

Please Note: It is the student's responsibility to go to the camp medical chaperone to retrieve their prescribed medications at scheduled times. Additionally, for medications that are marked "as needed", your student is responsible to seek out the staff/chaperones to request his or her medication. The staff **will not** seek out your student to assist with "as needed" medication.

Parent/Guardian Signature _____ Date _____
 Parent/Guardian Printed Name _____ Best Phone _____

Please note: All prescription and non-prescription medication needs to be in its original container. All prescription medication must be prescribed for the student. No exceptions! **Inhalers, Epi Pens stay with the student or with chaperone/staff depending on your preference. Please indicate in Comments.**

Instructions: List each medication in a new box on medication list (on next page). List exact dosage (i.e. milligrams or teaspoons). Mark the time of day the medication should be taken. List any special comments in comment box. Make copies of page 2 if needed.

Example:

DO NOT WRITE IN SHADED AREA

Medication	Dosage	Time	Tues	Wed	Thurs	Fri	Sat	Sun	Comments
CLARITIN	10 MG 1 PILL	☑ Breakfast							MUST TAKE WITH MEALS
		☑ Lunch							
		☑ Dinner		Do not write in shaded area					
		☐ Bedtime							
		☐ As Needed							
		☐ Other***						***Explain "Other" here	

Student Last Name										Student First Name										Band Section									
Medication	Dosage	Time	Tues	Wed	Thurs	Fri	Sat	Sun	Comments																				
		<input type="checkbox"/> Breakfast																											
		<input type="checkbox"/> Lunch																											
		<input type="checkbox"/> Dinner		Do not	write in	shaded	area																						
		<input type="checkbox"/> Bedtime																											
		<input type="checkbox"/> As Needed																											
		<input type="checkbox"/> Other***		Do not	write in	shaded	area																						
		<input type="checkbox"/> Breakfast																											
		<input type="checkbox"/> Lunch																											
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