

Northwestern Bands Parent Medical Permission Form

Student name: _____

Medications that are taken on a regular basis: _____

Please initial beside each medication your child is allowed to have:

Benadryl _____

Tylenol _____

Advil _____

antacid _____

Multi symptom cold relief _____

Pepto Bismol _____

All _____

none _____

This form needs to be completed in order for your child to be given oral medications. The medical staff is unable to give anything, even for a headache without a completed form. If your child has medications that they take such as a rescue inhaler or epinephrine pen for an allergic reaction, please make sure your child has these at all times. We do not have either in the medical cart.

Insurance Company name: _____

Policy number _____

Phone no. _____

Parent emergency phone no. _____

Policy holder _____

Parent signature: _____ date _____