



CVHS MARCHING BAND
MEDICAL & MEDICATION CONSENT FORM

Marching Band Student's Name: _____

The following over the counter medications are kept in the Campo Verde High School Marching Band first aid kits. Parental/guardian permission is required to dispense any medications to your student. Please initial which over the counter medications, if any, you are permitting your child to take according to the label directions. Over the counter medication will be dispensed only by a chaperone/band parent or band instructor if needed.

- _____ Tylenol
- _____ Excedrin
- _____ Ibuprofen (generic for Motrin or Advil)
- _____ Tums
- _____ Imodium (anti-diarrheal)
- _____ Benadryl (for allergies or allergic reaction)
- _____ Do NOT dispense any over the counter medication to my child.

The kit also contains band aids, wound cleaning pads, gauze pads, paper tape, antibiotic ointment, anti-itch cream, latex gloves, etc.

Please list any allergies:

Please list all medication(s) your child will have in their possession at band camp:

I give permission to dispense the above initialed over the counter medication(s) to my child. _____, if needed, by a Campo Verde High School band parent/chaperone or band instructor, according to the label directions.

I hereby give my consent, in the case of emergency, for the below named child to be taken by the Band Director or a chaperone, to the nearest hospital for emergency care.

Father/Guardian Name: _____

Phone _____

Cell _____

Mother/Guardian Name: _____

Phone _____

Cell _____

In case of emergency, if parents are not available, please contact:
Name: _____

Phone _____

Family Doctor _____

Phone _____

Family Dentist _____

Phone _____

Parent or guardian signature

Date