

PARENT/GUARDIAN CONSENT FOR GIVING MEDICATION

For use while student is traveling with the Desert Vista High School Band.

I hereby request and give my consent for the person designated by the Band Director to give to my child, _____,
(Name and ID number)

medication prescribed by _____
(Physician's name)

for the period from _____ to _____ .

The medication is furnished by me in the original container and is labeled with the following dosing instructions:

1. Physician's name on label _____
2. Prescription number _____
3. Name of medication _____
4. Route of administration (by mouth, etc.) _____
5. Amount to be taken _____
6. Time of day to be taken _____
7. Expected duration of treatment _____
8. Reason for medication _____

Parent/Guardian Signature

Date