

St. Amant High School Band Medication Form

STUDENT INFORMATION

Last Name First Name Middle Name

Home Phone Number Date of Birth

Street Address City State ZIP

PARENT/GUARDIAN INFORMATION

Last Name First Name Middle Name

Parent/Guardian Daytime Phone Number

Family Physician Phone Number

MEDICATION INFORMATION

Please list any medication or treatment your child is currently taking. Include over-the-counter and prescription drugs.

<u>Medication</u>	<u>Dosage</u>
_____	_____
_____	_____
_____	_____
_____	_____

*School Board Policy: If a student with an identified medical need is to attend a field trip or other school-sponsored activity, the parents shall be notified to ascertain if any medication must be administered on the field trip or school-sponsored activity away from school. If so, the parent/legal guardian shall accompany the student to the activity to administer any medication. If the parent/legal guardian cannot attend the field trip/activity with his/her child, the parent/legal guardian shall request in writing that the medication be administered on a pending field trip/activity by a **non-School Board employee** designated by the parent, or another trained person designated by the School Board. Such request shall include supporting documentation as outlined in this policy. The request shall state that the parent/legal guardian gives permission for the designee or another trained person to administer the medication.*

Students who are currently on medication must have a parent turn over the medication to the designated chaperone before leaving for any trip. All medications must be in the original container or packaging, and should have the student's name and dosage information clearly labeled. Students will not be allowed to possess or administer medications on their own unless the appropriate, separate release has been completed and attached to this form. School board policy prohibits students from possessing or administering medication on their own without this release. (See school administration for form.) All medication will be kept in possession of the chaperone. By signing this document, you permit the non-school board employee/chaperone to administer medication to your child.

Parent/Guardian Signature

Date