

Music Tour

OVER THE COUNTER Medication Form

STUDENT NAME: _____ **Allergies:** _____

Chaperone: _____

Group #: _____

All medications including over the counter and prescription must have written doctor's order, along with signed parent permission

Medication Name	Dosage	Frequency/Time	Reason

Comments: _____

Health Providers Name: _____ **Date:** _____

Health Providers Signature: _____ **Phone:** _____

ALL MEDICATIONS MUST BE BROUGHT IN THE ORIGINAL CONTAINER/PACKAGE WITH THE STUDENTS NAME CLEARLY MARKED

I give permission for my child to take the above stated medication.

Print Parent Name: _____

Parent Signature: _____ **Date:** _____

Music Tour

MEDICATION CHANGES ONLY

STUDENT NAME: _____ Allergies: _____
Chaperone: _____
Group #: _____

All medications including over the counter and prescription must have written doctor's order, along with signed parent permission

Medication Name	Dosage	Frequency/Time	Route

Comments: _____

Health Providers Name: _____ Date: _____

Health Providers Signature: _____ Phone: _____

ALL MEDICATIONS MUST BE BROUGHT IN THE ORIGINAL CONTAINER/PACKAGE WITH THE STUDENTS NAME CLEARLY MARKED

I give permission for my child to take the above stated medication.

Print Parent Name: _____

Parent Signature: _____ Date: _____