

Request for the Administration of Prescription Medication or Over-the-Counter Medication Supplied by Parent

Use one form for each medication – copy this form as necessary

I request the Horizon Band Parent Volunteer serving as the designated First Aid person, administer to the student named below the following medication. Should the band be at a location such as Disneyland, Universal Studios, Magic Mountain, or Knott's Berry Farm, I understand that this form and corresponding medication will be checked in at the facility first aid station and administered by their personnel.

Student Name: _____
Medication: _____
Dosage: _____
Time: _____
Dates: From _____ To _____
Band Event: _____

The above medication has been furnished by the undersigned. If it is a prescription medication, it is in its original pharmacy container. Label with the student's name, prescription number, name of medication, dosage, and number of times a day to be administered. If it is a non-prescription (over-the-counter) medication, it is in its original container. The date, time to be given and dosage to be administered are entered above.

I understand that all medication will be kept with the designated First Aid person, who is a Horizon Band Parent Volunteer. Should the band trip involve being at a facility mentioned above, the medication will be checked in with the First Aid station of that facility. I understand and have informed my student that it is their responsibility to report to the First Aid person/facility First Aid station for the administration of the medication at the prescribed time. I agree to, and do hereby hold the District, its employees, Horizon Band Parent Volunteers and facility employees harmless for any and all claims, demands, causes of action, liability or loss of any sort, because of, or arising out of, acts or omissions with respect to this medication. I authorize communication between the aforementioned personnel and the child's physician regarding this medication.

Parent Signature _____ Date _____

Print Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Transporting of Medication

Medication, prescription and non-prescription, should always remain in the original container. Prescription medication should bear the original pharmacy label with the student's name on it. Prescriptions with a sibling's or parent's name cannot and will not be administered to a student. Medication received in any form other than the original container (such as baggies) cannot and will not be administered to a student. Please **initial** below which method you intend to use to transport this medication to and from the Horizon Band Parent First Aid person for above stated band event.

**INITIALS
ONLY**

I give permission for my child to transport medication to and from the Horizon Band Parent First Aid person for the above stated band event. In doing so, I agree to, and do hereby hold the District, its employees, Horizon Band Parent Volunteers and facility employees harmless for any and all claims, demands, causes of action, liability or loss of any sort, because of, or arising out of, acts or omissions with respect to the transport of this medication.

I will be responsible for personally delivering my child's medication to the Horizon Band Parent First Aid person at the beginning of the band event as well as picking up any remaining medication at the end of the band event. I understand that my failure to pick up any remaining medication that it will be subject to being destroyed.

Parent Signature _____ Date _____

Print Name _____