

Baldwin High School Music Department

CONSENT for MEDICATIONS

As per school district policy, students may not possess medications (unless they are doctor-approved as self-administered*). Therefore, I hereby grant consent to Nurse- Jessi Radcliff to dispense medications as follows to my child _____ while on the school trip to Virginia.

<u>Prescription Medications</u>	<u>Purpose</u>	<u>Dose</u>	<u>Time of Day</u>
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1. _____
2. _____
3. _____
4. _____
5. _____

Over-the-Counter Medications

____ Tylenol ____ Motrin ____ Benadryl ____ Tums
____ Neosporin ____ Hydrocortisone ____ Imodium ____ Cough Drops
____ Other (Please Specify)

*Self-Administered Medication Exception

There are certain emergency medications that require students to self-administer such as inhalers, epi-pens, insulin, etc. If your child is required by a medical professional to carry and self-manage this type of medication, please disclose the medications below in case of an emergency situation. **Note: this DOES NOT apply to typical prescription and over the counter medications.**

Self-Administered Medication(s):

(Parent/Guardian Signature)

(DATE)