

McIntosh High School Bands

MEDICATION FORM

Complete first box for **ALL** participants, complete medication information boxes only if necessary.

Dispensing Guidelines:

- Prescription and over the counter (OTC) medications must be in original containers
- Prescription medications must be checked in and out with the First Aid Committee Chair or their designee.
- Prescription and over the counter medications will not be left unattended.

Student Name:	
Student Date of Birth:	
Drug Allegies:	
Please circle one option:	
Student MAY be given OTC Medications	Student MAY NOT be given OTC Medications
Parent/Guardian Name(s):	
Cell Phone:	Work Phone:
Parent/Guardian Signature:	

If you will be providing medication, please fill out the box(es) below.

Medication Information - *each medication must be listed separately.*

Please circle: Over the Counter Medication or Prescription Medication
Name of Medication:
Reason for Use:
Directions for use (dose and time):
Special dispensing instructions:

Please circle: Over the Counter Medication or Prescription Medication
Name of Medication:
Reason for Use:
Directions for use (dose and time):
Special dispensing instructions:

**McIntosh High School Bands
Medication Form (continued)**

Student Name: _____

Please circle: Over the Counter Medication or Prescription Medication
Name of Medication:
Reason for Use:
Directions for use (dose and time):
Special dispensing instructions:

Please circle: Over the Counter Medication or Prescription Medication
Name of Medication:
Reason for Use:
Directions for use (dose and time):
Special dispensing instructions:

Please circle: Over the Counter Medication or Prescription Medication
Name of Medication:
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Directions for use (dose and time):
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