

Bishop McDevitt Band Medication Sheets

In case of illness, the chaperones of the Bishop McDevitt Band have my permission to administer the following OVER THE COUNTER medications to my child: Please Check

Medication	DO NOT administer	Administer Mfg Suggested Dose	Alternate Dose Please Specify
Ibuprofen			
Benadryl			
Advil			
Kaopectate			
Pepto Bismol			
Tylenol			

We will use these preparations as necessary unless you specify your child cannot have them:
 Antiseptic Spray, Burn Jel, Calamine Lotion, Cough Drops, Neosporin, Petroleum Jelly, Sting Aid, Tums

All Okay _____ Do not use _____

NOTE: NOTHING WILL BE GIVEN UNLESS PARENTAL PERMISSION IS GIVEN!

Allergies:

Prescription Medications currently taking, including dosage and frequency:

(e.g. Lisinopril 5mg 3 x day 8AM – 1PM – 6PM)

*** Students will be permitted to carry a rescue inhaler and/or epi-pen with written permission and diagnosis verification from parent.

Please send Prescription Medications in the ORIGINAL packaging in a Zip-Loc bag with youth's name and medication instructions. Please turn in form at band camp

Student's Name: _____ Age: _____

Parent Name: _____

Phone (Daytime) _____ (Evening) _____

Parent Signature: _____ Date: _____

Family Physician: _____ Phone: _____

Insurance Company: _____ Policy #: _____