

# PRESCRIPTION MEDICATION ADMINISTRATION

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Band \_\_\_\_\_

Health Care Provider \_\_\_\_\_ Phone \_\_\_\_\_

## Emergency Contact Numbers for Parents:

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone \_\_\_\_\_

Name of Medication	Dose	Approx. Time Administered	Reason for Medication

Medication Allergies \_\_\_\_\_

I give permission for HHS BPA or Guitar Boosters chaperones to administer the above listed medications to my child.

Signature \_\_\_\_\_ Date \_\_\_\_\_