

Morgantown High School Band/Choir/Orchestra Medication Form 2023

**Student Information:**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

**Medications:**

Medication Name: \_\_\_\_\_

Dose: \_\_\_\_\_

Time: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Dose: \_\_\_\_\_

Time: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Dose: \_\_\_\_\_

Time: \_\_\_\_\_

**\*\* Students will be allowed to carry and self-administer Insulin, Epi-pen, and Albuterol only after the nurse checks the medication on arrival \*\***

Please check the medications your child is permitted to have on an as needed basis:

Acetaminophen/Tylenol

Tums/Pepto Bismol

Ibuprofen/Advil

Cetirizine/Zyrtec

Benadryl

Loratadine/Claritin

Imodium

Neosporin

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Additional Medications:**

Medication Name: \_\_\_\_\_

Dose: \_\_\_\_\_

Time: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Dose: \_\_\_\_\_

Time: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Dose: \_\_\_\_\_

Time: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Dose: \_\_\_\_\_

Time: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Dose: \_\_\_\_\_

Time: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Dose: \_\_\_\_\_

Time: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Dose: \_\_\_\_\_

Time: \_\_\_\_\_