



April 1-8, 2024 | [www.spiritofwaxhachie.com](http://www.spiritofwaxhachie.com)  
 To encourage and develop excellence for life!

**TWO-SIDED FORM**

**WHITE**

## Medication Disbursement Authorization

### Prescription and Over-the-Counter Medications

If your child is currently taking medication or you would like to authorize the disbursement of medication in case your child becomes sick, please complete this form. **This would include both over-the-counter medications as well as prescription medications.** All medications must be in their original container and listed on this form. If your child carries an inhaler then they need to keep the inhaler with them at all times. If you would like to send a second inhaler to be kept by the chaperones just in case your child loses one then you may do so. Please make sure ALL medications are clearly labeled and include the student's name on the packaging. Please send all medications together in a Ziploc bag prior to any travel event.

**Student's Name [Print]:** \_\_\_\_\_

\*\*\*Please **circle ALL** the medications that we are allowed to distribute to your child if needed:

- |  |                                   |                 |
|--|-----------------------------------|-----------------|
| Tylenol/Acetaminophen (2 tablets)                | Advil/Ibuprofen (1 tablet)        | Tums            |
| Imodium AD                                       | Pepto-Bismol                      | Cough Drops     |
| Benadryl/Antihistamine                           | Triple Antibiotic Ointment        | Anti-itch Cream |
| Icy Hot or ActivOn (Menthol & Methyl Salicylate) | Aspercreme (Trolamine salicylate) |                 |

**\*\*\*If it is NOT circled we will NOT give medication even if your student says they have had it before. It is difficult for us to call parents from football games and marching contests, so please circle ALL if you give your permission for us to give these items to your child. We only give if they need it, not just because they ask for it.\*\*\***

**List other medications or detailed instructions below:**

Medicine Name	Dosage	Times to be given	Special Instructions
Example: Delysm	2 tsps	Every 12 hours	As needed

I, \_\_\_\_\_, give my permission for a Waxahachie Band Adult Chaperone to administer the medications listed on this form to my child, \_\_\_\_\_, based upon the instructions provided.

Parent Contact Number(s): \_\_\_\_\_

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