



Student Name: _____

William B. Travis High School Travis Tiger Band (Form 1A)

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DEPARTMENT CHAIR
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Procedure for Student Medication On Band Trips

Dear Parents and Guardians,

If your child takes medicine on a regular basis, his/her medicines will be administered by THS Band Chaperones at their usual times while on out of town trips for the 2010-2011 school year.

Please send your child's medication to school in a sealed plastic bag labeled with the student's name and include this signed permission slip. All medications **MUST** be in the original containers and indicate your child's name.

We will have a first aid kit supplied with Advil and Tylenol available for headaches, pain, or fever. Please sign the consent form below if you wish this OTC medicine to be available to your child.

Parental Permit to Administer Medication

Please print:

I (parent/guardian) _____, consent to my child
_____ having Advil _____, Tylenol _____ if required
for pain or fever (please check for consent).

Other Medications:

Student Name: _____

Medication: _____ Time(s) to be given: _____

Amount to be given: _____ Reason for Medication: _____

Second Medication:

Medication: _____ Time(s) to be given: _____

Amount to be given: _____ Reason for Medication: _____

Please list additional medication on back

Parent/Guardian Signature: _____

Date: _____