

**CABELL MIDLAND HIGH SCHOOL BAND
MEDICATION PERMISSION FORM**

I, _____, parent/guardian of _____ hereby authorize Cabell Midland High School Band Director(s) and/or their representative(s) to help my son / daughter self-administer the following medications sent with the student during the _____ trip for the dates of _____ through _____.

Medication Name	Dosage	When (breakfast, lunch, dinner, bedtime, etc.)	Other Information (e.g., what for, etc.)

(If more space needed, attach, sign, and notarize a second sheet & note total # of pages here: ___)

NOTE: All medications (prescription and OTC) must be sent in original, labeled containers.

Allergies: _____ **Reaction:** _____

Notarized Statement

My son/daughter _____ has demonstrated the ability to understand the purpose for and properly take the above medications. I understand that it is his/her responsibility to contact the Director and/or his/her designee each day at the designated times to take the medication as prescribed. The Director(s) and/or their representative(s) are not responsible for ensuring my son/daughter remembers to take his/her medication each day. I further understand that the school, county school board, its employees and agents, the booster association and its agents are exempt from any liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication by the student. I agree to indemnify and hold harmless the school, the county school board, its employees and agents, the booster association and its agents against any claims arising from the self-administration of medication.

Parent Signature

Date

Student Signature

Date

County of **CABELL**, State of **WEST VIRGINIA**

Sworn to and subscribed before me this _____ day of _____, 20__.

Witness my hand and official seal.

Notary Public
My Commission Expires _____.