

LASSITER HIGH SCHOOL ORCHESTRA

STUDENT-ADMINISTERED MEDICATION FORM

Student's Name: _____

My student is on the following **prescription** medication: _____.

This medication is to be taken _____ times per day; the dosage is _____.

Other special instructions, such as "take with food," are: _____

_____.

My student is on the following **prescription** medication: _____.

This medication is to be taken _____ times per day; the dosage is _____.

Other special instructions, such as "take with food," are: _____

_____.

My student is on the following **non-prescription** medication: _____.

This medication is to be taken _____ times per day; the dosage is _____.

Other special instructions, such as "take with food," are: _____

_____.

My student is on the following **non-prescription** medication: _____.

This medication is to be taken _____ times per day; the dosage is _____.

Other special instructions, such as "take with food," are: _____

_____.

During my student's participation with the Lassiter High School Orchestra, I hereby give my Permission for my student to be responsible for taking his/her own medications as listed above. I understand that my student is responsible for keeping his/her medications safe and secure, and **stored in their original, labeled containers.**

Signature of Parent or Guardian

Relationship to Student Named
Above

Witness

Date