

Friendswood High School
Mustang Band
Prescription Medications Form

Section 1 - Permission to carry Prescription medications

My child, _____, has my permission to carry the following prescriptions (as needed) medications on the field trip dated from _____ to _____.

1. _____
2. _____
3. _____
4. _____
5. _____

Section 2 – Dispensation of prescription medications

Please initial one:

_____ **I would like to have an adult chaperone dispense** the above medication to my child according to the labeled prescription instructions, or

_____ **I give full responsibility** to my child listed above to properly dispense his/her own prescription medication according to the labeled prescription instructions.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____