



LAKE NONA HIGH SCHOOL BAND

NAME: _____ GRADE: _____

As the students participate in band activities we often have students who end up with headaches, stomach aches, allergies, cramps, etc and we keep a supply of non-generic medication in our first aid kit. However, we can not let them have it without permission from their parent / guardian. If you would like for your student to be able to take these medications please read and sign below.

I _____ give permission for my son / daughter
_____ to take the medications circled below. I understand that this will be supervised by an adult volunteer and the directions on the bottle will be strictly enforced.

Parent/Guardian Signature: _____ Date: _____

ADVIL

ALEVE

TYLENOL

BENADRYL

GAVISCON

MOTRIN

(Like Pepto-Bismol)