

**WEBSTER CENTRAL SCHOOL DISTRICT
 PERMISSION FOR ADMINISTRATION OF MEDICATION
 WEBSTER HIGH SCHOOL MARCHING BAND**

If your child needs ANY medication during MARCHING BAND EVENTS, either prescription or over the-counter medications, you must comply with the following or medication cannot be administered:

1. Have your child's licensed Medical Care Provider complete the **Physician Statement** section of this form entirely;
2. Complete the **Parent Statement** section of this form entirely;
3. Parent must bring the medication to Marching Band in the **original labeled container** (unless it is an OTC medication that the medics carry).

Student's Name: _____

DOB: _____

PHYSICIAN STATEMENT				Marching Band Season: 2018			
Medication:	Ibuprofen (Advil)	Acetaminophen (Tylenol)	Cough Drops	Diphenhydramine (Benadryl)	Antacid (Tums)		
Dosage (BE SPECIFIC):							
Administration Time:							
Duration of Order:							
Possible side effects:							
Reason for medicine:							
Has patient taken before?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	

Based on the definitions below, I assess this student to be:

- ____ **Not Self-directed** (must be reminded & supervised in storage & administration of medication).
 ____ **Supervised (Self-directed)** (can recognize medication, knows dose & time of delivery, can refuse to take the wrong medication from an authority figure).
 ____ **Independent Use (Able to carry and self-administer)** (as in self-directed, **plus** understands need to keep medicine away from other students and safely stored, can recognize when medication supply needs replenishing, can keep track of dosing and timing of medication, know to seek assistance if medication is not working).
 ____ **May use for all Marching Band Events including any overnight trips.**

 Physician's signature

 Office Stamp

 Date

PARENT STATEMENT

By completing and signing this form, I give permission for my child as named above, to take this medication as prescribed above. **I understand the determination of whether my child is self-directed or not self-directed is the ultimate responsibility of the Marching Band Director during marching band events.** I further understand that any assessment may change based on a student's demonstration of responsibility. I assume responsibility for and assess my child to be:

- ____ **Not Self-directed** (must be reminded & supervised in storage & administration of medication).
 ____ **Supervised (Self-directed)** (can recognize medication, knows dose & time of delivery, can refuse to take the wrong medication from an authority figure).
 ____ **Independent Use (Able to carry and self-administer)** (as in self-directed, **plus** understands need to keep medicine away from other students and safely stored, can recognize when medication supply needs replenishing, can keep track of dosing and timing of medication, know to seek assistance if medication is not working).

STUDENTS MAY NOT CARRY CONTROLLED MEDICATION

 Parent signature

 Daytime phone #

 Date

Medication Procedure Webster Marching Band

If medications are to be administered to students in the Marching Band setting (practices, competitions, overnight trips) the following guidelines must to be followed in order to conform to New York State statutory regulations and good health practices.

- **A licensed medical care provider (MD, PA, NP) must prescribe all medications** (exception as listed below). The “Permission for Administration of Medication” authorization form must be renewed for each Marching Band season. Any OTC medications that the student may need still requires a signed authorization form.
- **A completed Permission for Administration of Medication form is required in order for the student to self carry/self administer ANY medication** and/or for the marching band member to receive medication while at marching band events. Both parent and the licensed medical care provider must complete this form. **A pharmacy label is not a written order.**
- Permission for Administration of Medication forms are available from the Medics at Marching Band or on the Marching Band website. Many care providers have their own forms, which are also acceptable, provided they include both signatures and dates. Written permission (and date) from the parent is also required.
- The parent/guardian must make arrangements to bring in **any** medication, prescribed and over-the-counter, that is to be given (exception being OTC medications that band carries). Medications must be in a **properly labeled, original pharmacy container**. **Medication in baggies is never acceptable.** *Students are not to be handing medications to volunteer parent medics or any other adult associated with Marching Band.* Adults must transport medications.
- **Students are never allowed to transport or self-carry controlled medications.**

If you anticipate any special circumstances or have any questions, please contact one of the lead medics. We look forward to assisting you in maintaining your child’s optimal health during Marching Band Season and greatly appreciate your cooperation.

Marching Band Lead Medics:

Mily Ojeda
755-5527

Christine Osadciw
261-5277

Tracy Small
645-4275