

Over the Counter Stock Medications

Student Name: _____ **Grade:** _____

Having given full consideration to the ramifications hereof, I hereby expressly and voluntarily agree, for and on behalf of myself and my child, that I absolve the Brecksville-Broadview Heights Board of Education and all of its' officers, agents, and employees, of any and all liability which may arise in any way from my child taking nonprescription medication during Band Activities as I have requested, and, for and on behalf of myself and my child, I waive and forever release any and all claims of any nature which may arise in connection therewith.

Parent/Guardian Signature: _____ **Date:** _____

Initial next to the yes below if giving authorization for that particular medication. Draw a line through those you don't want your child to receive. Any special instruction can be placed on the blank lines below the medication. Only check those that your child has taken before the trip.

Acetaminophen:(like Tylenol) 2 tablets every 4-6 hours as needed, not to exceed 12 tablets in 24hours **Yes** _____ **No** _____

Ibuprofen:(like Advil) 1-2 tablets every 4-6 hours as needed, not to exceed 6 tablets in 24 hours **Yes** _____ **No** _____

Cough Drops:1 lozenge dissolved slowly in mouth, may repeat hourly **Yes** _____ **No** _____

Antacid Tablets (like tums): 1-2 tablets as needed, not to exceed 12 tablets in 24 hours **Yes** _____ **No** _____

Allergy medication (like Benadryl): 1-2 tablets every 4-6 hours, not to exceed 6 doses in 24 hours **Yes** _____ **No** _____
