

**FORM FOR SELF-MEDICATION BY STUDENT**

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

My student is on the following prescription medication(s): \_\_\_\_\_

\_\_\_\_\_

This medication is to be taken \_\_\_\_\_ times per day; the dosage is \_\_\_\_\_

Other special instructions with medication, such as "take with food" \_\_\_\_\_

\_\_\_\_\_

My student is on the following prescription medication(s): \_\_\_\_\_

\_\_\_\_\_

This medication is to be taken \_\_\_\_\_ times per day; the dosage is \_\_\_\_\_

Other special instructions with medication, such as "take with food" \_\_\_\_\_

\_\_\_\_\_

My student is on the following prescription medication: \_\_\_\_\_

\_\_\_\_\_

This medication is to be taken \_\_\_\_\_ times per day; the dosage is \_\_\_\_\_

Other special instructions with medication, such as "take with food" \_\_\_\_\_

\_\_\_\_\_

During my student's participation with the Lassiter High School Band, 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 medication(s) safe and secure.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Student Named Above