

**MOUNTAIN VIEW TORO BAND CAMP
PERMISSION FOR STUDENT TO SELF-ADMINISTER MEDICATION**

USE ONE FORM FOR EACH MEDICATION – COPY THIS FORM IF NECESSARY

***THIS FORM MUST BE USED FOR PRESCRIPTION AND OVER-THE-COUNTER
MEDICATIONS.***

I give permission for my student to self-administer the following medication(s).

Student Name: _____

Medication: _____

Dosage: _____

Route: (by mouth, inhaled, etc.) _____

Time: _____

Dates: **Band Camp 7/21/07 – 7/26/07**

The above medication has been furnished by the undersigned. If it is a prescription medication, it is in its original pharmacy container labeled with the student's name, prescription number, name of medication, dosage, and number of times a day to be administered. If it is a non-prescription (over-the-counter) medication, it is in its original container. The date and time to be given and dosage to be administered are entered above.

I understand that all medication will be kept with my student in a secure manner (unavailable to other students). I understand and have informed my student that it is his/her responsibility to administer the medication as prescribed. I agree to and do hereby hold the District, its employees, Mountain View Parent Volunteers and facility employees harmless for any and all claims, demands, causes of action, liability or loss of any sort, because of, or arising out of, acts or omissions with respect to this medication.

Parent Signature: _____ Date: _____

Print Name: _____

Home #: _____ Work #: _____

Cell #: _____