

**Marion HS Band Medication Content & Travel Release  
(2019-2020)**

Participation in this program requires frequent travel for school events during the school year. Please provide the following information to be kept on file and keep the information up-to-date as needed.

**Student Name:** \_\_\_\_\_

I hereby give permission for my son/daughter to travel on transportation provided by Marion ISD to all Band functions during the 2019-2020 school year.

List any known drug/food allergies: \_\_\_\_\_

List medical conditions (asthma, contacts, etc.): \_\_\_\_\_

**Non-Prescription/Over-the-Counter (OTC) Medication Authorization**

If available, a First Aid Kit, with approved OTC items, may be provided for minor ailments.

\_\_\_\_\_ (initial)      I **do not** give consent to staff to administer any non-prescription medication to my student.

\_\_\_\_\_ (initial)      I give consent to staff to administer non-prescription medications to my student as initialed below:

*Please **initial** each medication that can be administered:*

\_\_\_\_ Acetaminophen    \_\_\_\_ Ibuprofen    \_\_\_\_ Antihistamine/Decongestant    \_\_\_\_ Sore Throat Lozenge  
\_\_\_\_ Antacids    \_\_\_\_ Anti-Diarrheal    \_\_\_\_ Electrolyte    \_\_\_\_ Menstrual Pain Reliever

*I hereby certify that my student has no known drug allergies \_\_\_\_\_ (initial).*

**Parent/Guardian Signature** \_\_\_\_\_

**Phone (W)** \_\_\_\_\_ **(C)** \_\_\_\_\_

**2<sup>nd</sup> Emergency Contact Name** \_\_\_\_\_

**Phone (w)** \_\_\_\_\_ **(C)** \_\_\_\_\_

*Note: Under the Texas Tort Claims Act school districts have governmental immunity and are not liable for injuries that are not a direct result of negligent operation or use of a motor vehicle.*