Medication Form Laingsburg Band Camp

1. Please list any medications/supplements/vitamins that your child needs/takes while at band camp.
2. All medications must be sent in their original containers and properly labeled with the student's name, medication name, dosage and administration time.
3. No unmarked zip-lock bags or containers will be accepted.
4. Students will be allowed to self-administer asthma relief/control inhalers, Epi pens and eye medications.

Is the participant taking any medications? NO YES If yes, please list name of medications and times of dispensation below

Student/Chaperone Name	Prescription name	Dosage	AM	Noon	Dinner	PM	Other

I hereby give permission for the designated Medical Officer of Laingsburg Bands to administer the following medications if necessary: (Check if applicable)

_____ Tylenol/acetaminophen

____ Advil/Motrin/Ibuprofen

____ Benadryl

____ Over the counter products Allergy/Cold and Sinus over products

____ Aleve/Nsaid

____ Midol

____ Antidiarrheal/antinausea/stomach upset over the counter products

I/We give permission for the above name participant to attend and take part in programs indicated below based in and from the state of Michigan (Please check those that apply).

_____ School Camp Program

Photography- I/We grant permission for the above-named participant to be photographed or recorded for use in Eagle Village/and Laingsburg Community School approved publicity, including, but not limited to descriptive brochures, newspapers, magazines, radio and television. Please indicate here if you do not grant permission for use of the above participant in publicity: I give permission for the above

____ I agree

____ I disagree

Printed Student Name:_____

I authorize my child _____to attend Laingsburg Band Camp July 13-18th, 2025.

I agree that the information provided is accurate and up to date to the best of my knowledge. If the parents and authorized physician named cannot be reached at the time of an emergency and if immediate observation or treatment is urgent in the perception of school authorities, I authorize that my son/daughter be taken to the hospital for emergency medical treatment. I agree to reimburse the school for any medical costs that might be incurred by my son/daughter while on the trip.

Parent printed name _____

Parent signature _____Date _____