

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 the names of medications and times of dispensation below.

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

I hereby permit 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 grant permission for the above-named participant to attend and participate in the programs indicated below, which are based in and from the state of Michigan (please select those that apply).

_____ School program

Photography- I 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 permit the above

_____ I agree

_____ I disagree

LAINGSBURG MARCHING BAND/LAINGSBURG COMMUNITY SCHOOLS

Printed Student Name: _____

I authorize my child to attend Laingsburg Band Camp July 19th - 24th, 2026.

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 _____