2020-2021

West Springfield High School Band Supplemental Medication Authorization Form

This form will **only** be used in conjunction with a completed and signed FCPS Medication Authorization form. If a signed FCPS form is not on file, **we cannot administer any medication** to the student. In order to provide any over-the-counter medication to a student **BOTH the FCPS Medication Authorization from and this Supplemental Medication Authorization form must be signed.**

I, ____, authorize previously designated members of the WSHS Band Boosters and/or FCPS employees to administer the following over-the-counter medication as per package instructions for my child, ____, for ailments in which the medication is designed, for the duration of the 2020-2021 school year. None of the medications will be given in a dosage that exceeds the recommended amount on the package.

☐Advil ☐ Midol

☐Benadryl ☐ Neosporin

☐Pepto Bismol ☐ Saline (for contacts if needed)

☐Dramamine ☐ Tums

☐Tylenol ☐ Cough Drops

☐Visine

I also consent to the following prescription medications and/or emergency treatment as per my written instructions: (this should include Epi-pens, inhalers, prescriptions meds, etc. Please note, proper paperwork should be on file in the WSHS Health Room for the current school year.)

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Parent/Guardian Signature: ____________________________ Date:________________