

PRIDE OF HERNDON FIRST AID SHEET

Student Last Name, First Init: _____ **Grade:** _____ **Student cell phone:** _____

*I understand that accidents and illnesses occur. The chaperones have my permission to administer the recommended adult dosages of the following over-the-counter medications that I have circled "YES". Medications may be generic. Circle Yes or No for **EVERY** medication.*

| MEDICATION | PURPOSE | ACTIVE INGREDIENT | APPROVED |
|------------------------|-------------------------------|--------------------------|-----------------|
| Tylenol | fever, pain reduction | acetaminophen | Yes or No |
| Advil, Motrin | fever, pain reduction | ibuprofen | Yes or No |
| Immodium AD | diarrhea relief | loperamide HCl | Yes or No |
| Tums | indigestion relief | calcium carbonate | Yes or No |
| Dramamine (non-drowsy) | motion sickness relief | meclizine HCl | Yes or No |
| Benadryl | antihistamine, allergy relief | diphenhydramine | Yes or No |
| Neosporin | wound care | bacitracin | Yes or No |
| Pepcid AC | acid reduction | famotidine | Yes or No |

Special Dietary Requirements: _____

Please list the name and dosage of any medication (prescription or over-the-counter) your child will need on band trips. First-aid chaperones will hold all medications to be given by them and each med should be in a separate Ziploc bag clearly labeled with the student's name, the medication, the dose, and the times to be given. For the spring band trip, provide a 5-day supply. If, after turning in this form, you discover your student will need to take a medication not listed, please contact the first aid chaperones as soon as possible.

| Medication | Prescription or OTC | Dosage(s) | Time(s) (e.g., 8AM, PM) | Purpose | Comments |
|-------------------|----------------------------|------------------|--------------------------------|----------------|-----------------|
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Both the student and I understand that the student is NOT allowed to have medication in his/her possession, with the exception of an inhaler for asthma or an epi-pen for severe allergies, or insulin for diabetes. By signing below, I authorize the adult in charge or designated personnel to administer the above-listed medications to my child should he/she need or request them. In case of illness, accident or an emergency, I authorize the band director, or assigned parent chaperones or personnel, to secure any and all necessary medical/dental treatment for my child while he/she is participating in any activity of the Herndon High School Band. I also guarantee payment of all charges incurred during this medical/dental treatment (including, but not limited to: physician, hospital, x-ray, lab, drugs, ambulance). I hereby authorize the Band Director or any agent of the Herndon High School Band Parents Association responsible for student welfare to access the information contained in these medical forms for my child's my well-being. I acknowledge that participation in marching band involves strenuous physical activity and interstate and/or intrastate travel posing the danger of injury and illness to band participants and assume the risk of such dangers. I agree that the Fairfax County Public Schools, the Herndon High School Band Parents Association and their agents and/or employees shall be in no way responsible for any illness or injuries suffered by my child while engaged in any band activity sponsored by Herndon High School Band. Further, I hereby release and hold harmless the aforesaid of any and all responsibility and liability for the administration of the above listed medications or any injury or claim resulting from participation in any band activity.

PARENT OR GUARDIAN SIGNATURE: _____ **DATE:** _____