

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

## GISD Band Student Medication Release Form

Following is a list of medications we carry with us at all band functions.

Please check "yes" or "no" next to each medication to indicate whether or not we have permission to administer this medication to your child as determined by the band parent volunteer nurse.

Please contact the band staff regarding additional medications that we need to carry for your child.

Yes	No	Medication Name	Dosage	Application Type
		Benadryl	Diphenhydramine HCl 2% + Zinc Acetate .1%	Spray
		Hydrocortisone Cream 1%	Apply to the Affected Area	Topical
		Triple Antibiotic Cream	Neomycin Sulfate 5mg, PolyxinB Sulfate, Bacitracin Zinc	Topical
		Sudafed PE	Phenylephrine Hcl 10mg Nasal Decongestant one by mouth	Tablet
		Robitussin	Dextromethorphan Hydrobromide gelcap 30mg every 6-8 hrs not to exceed 120mg/day	Liquid
		Immodium	Loperamide Hydrochloride 2mg tab. not to exceed 16mg/day as needed for loose stool	Liquid
		Pepto Bismol	Bismuth Subsalicylate 262mg chewable tablets two by mouth repeat in 30 min. up to 8 doses/day	Liquid
		Benadryl	Diphenhydramine Hydrochloride 25mg one to two tablets by mouth every 4-6 hours as needed	Tablet
		Tylenol	Acetaminophen 325mg one to two tablets as needed every 4-6hrs for fever or pain	Tablet
		Ibuprofen	200 mg tablet one or two by mouth as needed for pain or fever	Tablet
		Calamine Lotion	Apply to the affected area for rash or insect bites	Topical
		Hydrogen Peroxide	Antiseptic Solution applied to the affected area or wound as needed	Topical

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_