

2023-2024
Westfield 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 form and this Supplemental Medication Authorization form must be signed**. Include on the FCPS Medication Authorization form the following statement: **"I give permission for over-the-counter medications to be supplied to my child per the Supplemental Medication Authorization form."**

I, _____, authorize previously designated members of the WHSBBO 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 2023-2024 school year. None of the medications will be given in a dosage that exceeds the recommended amount on the package.

☐ Advil

☐ Benadryl

☐ Claritin

☐ Dayquil

☐ Dramamine

☐ Imodium

☐ Midol

☐ Neosporin

☐ Pepto Bismol

☐ Saline (for contacts if needed)

☐ Tums

☐ Tylenol

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 WHS Clinic for the current school year.)

Parent/Guardian Signature: _____ Date: _____