

PIONEER SYMPHONY, JAZZ AND CONCERT BAND TOUR - 2012

PERMISSION TO DISPENSE "OVER THE COUNTER" MEDICATIONS

Dear Parents,

We are looking forward to an exciting tour to New York City. In addition to the usual bumps and bruises, students occasionally come down with common illnesses such as indigestion (fast food?), colds, headaches and muscle aches. The purpose of this letter is to ask your permission to dispense "over the counter" medications including but not limited to Tylenol or ibuprofen, decongestant/antihistamine, Pepto-Bismol, and Maalox. The decision to administer these will be made by the band parent or nurse accompanying the band on tour. If at any time there is a question about the cause or severity of the illness, students will be transported to a local hospital for professional evaluation, at your expense.

Your signature on this letter is important in helping us maintain accurate records and provide authorization to dispense "over the counter" medications.

Thank You,

David A. Leach
Director of Bands

I have read the above letter and authorize the designated Pioneer High School Symphony/Jazz/Concert Band tour chaperones to **dispense "over the counter" medications** as needed to my Son/Daughter _____ during the 2012 PHS Symphony/Jazz/Concert Band Tour. I understand that my child may be taken to a local hospital for further evaluation if necessary and that I will pay any associated expenses.

My child is allergic to the following over the counter medications,

(Parent/guardian signature)

(date)