

Orchard Park Central School District

2240 Southwestern Blvd. West Seneca, NY 14224



David Lilleck
Superintendent

www.opschools.org
(716) 209-6200

QUAKER MARCHING BAND

Parent/Guardian Permission to Designate Another Adult to Administer Medication

STUDENT NAME: _____

DATE: _____

MEDICATION & FOOD ALLERGIES:

The staff and volunteers at Quaker Marching Band have my permission to give my child the following routine medications, in accordance with Education Law §6908, at all QMB school sponsored events.

I acknowledge that the Orchard Park School District will not be liable for any problems that may arise as a result of the administration of such medication by the designee.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

<u>MEDICATION</u>	<u>DOSE</u>	<u>ROUTE</u>	<u>FREQUENCY</u>	<u>REASON</u>
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The staff and volunteers at QMB have my permission to give my child the following medications as necessary:

Motrin 200 mg 1 or 2 tablets oral every 6 hours as needed	YES	NO
Tylenol 325mg 1 or 2 tablets oral every 4 hours as needed	YES	NO
Benadryl 25mg 1 or 2 tablets orally every 6 hours as needed	YES	NO
Tums 1 or 2 tablets chewed as needed	YES	NO

Orchard Park High School

4040 Baker Road Orchard Park, NY 14127
www.opschools.org/highschool

Jonathan Wolf
High School Principal

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