NORTH CANTON CITY SCHOOLS
Certificate of Authorization for the Administration of Over-the-Counter Medications
HOOVER HIGH SCHOOL BAND CAMP - Dates of Band Camp July 24-July 29, 2011

The following information must be completed and the form signed by parent/guardian in order for any over-the-counter medication to be administered during the trip. All medications administered by a Registered Nurse. This consent is only in effect for the duration of the trip.

1. Student Name _____ Date of Birth _____
Last First Middle

2. Home Address: _____
Street Address City

The following over the counter medications will be available from the nurse during the trip. In order for your student to receive ANY medication, parents must authorize EACH medication by initialing next to medication name below. All medications will be administered according to package dosing directions only. Students are not permitted to keep any medication with them during the trip.

MEDICATIONS AVAILABLE:

Parent Initial	Medication	Parent Initial	Medication
	Advil		Midol
	Tylenol		Allergy Tablets (chlortrimeton)
	Aleve		Robitussin
	Advil Cold & Sinus		Immodium A-D
	Benadryl		Pepto-Bismol
	Sudafed		Antacids (Rolaids, Maalox or Gaviscon)
	Dramamine or Bonine		

Any other over-the-counter medication that your child may need must be delivered to school by parent/guardian in the container it was originally dispensed in by the manufacturer (no baggies of pills will be accepted).

Additional over-the-counter medication (provided by student):

- **Medication Name:** _____
- **Instructions:** _____

With full knowledge of any emergencies, dangers, and risks related to the administration of such medication by North Canton City Schools employees, officers, or agents, we the undersigned, waive all claims which might arise from said administration of medication to said minor child. We hereby assume full responsibility for the administration of such medication to said minor child and the results thereof. We agree to indemnify and hold harmless North Canton City School District, North Canton City Board of Education, Hoover Instrumental Music Association, it's members, officers, employees, and agents from any and all liability relative to the administration of such medication.

_____ _____ _____
Parent / Guardian's Signature *Parent/Guardian's Home Phone Number* *Work or Cell Phone Number*