

Essentially Ellington Jazz Festival – January 30 – Feb. 2, 2019 Prescription and Over-the-Counter Medication Authorization

If needed, I hereby authorize Esperanza High School/Esperanza Entertainment Unit chaperones (Dana Sakoda, Sylvia Robles, Travis Armstrong and Leah Armstrong) to administer the following noted medications to my son/daughter.

It is understood that the recommended dosage and directions will be followed unless otherwise specified by parent.

_____ (print student name)

_____ (Parent Signature)

Medication	Parent Initial If consent to allow	Dosage other than directions
Advil (Ibuprofen)		
Tylenol or Extra Strength Tylenol (Acetaminophen)		
Aleve (Naproxen sodium)		
Midol – Menstrual Complete Maximum Strengths (Acetaminophen, Caffeine, Pyrilamine, Maleate)		
Other O.T.C. Brand Name: Dosage:		
PRESCRIBED Medicine What: Why: Dosage: What: Why: Dosage:		

Allergies	Reaction	Remedy
Medicines		
Foods		