



Thomas Jefferson Band Patrons, Inc.
310 Old Clairton Road
Jefferson Hills, PA 15025

Mr. James Mirabella, Director of Thomas Jefferson Marching Band

TJ BAND PATRON OFFICERS 2018-19

President: Stephanie Krueger

Treasurer: Tracy Harris

Vice President: Eileen Andreola

Secretary: Cynthia Randolph

MEDICATION PERMISSION FORM for EXTENDED FIELD TRIPS

Please list all prescription and over the counter (OTC) medications that student will have with them.

MEDICATION	DOSE	FREQUENCY	TIMES	REASON

Please list all additional medications on the back or on a separate paper.

Please list any known allergies or food allergies:

PLEASE INITIAL ONE (1) OF THE FOLLOWING

Please have the Nurse carry and distribute my son/daughter's medication. Attach a Physician's Medication order form signed by the Physician and parent.

My son/daughter will carry and self-administer all medication and does not require any assistance. I release WJHSD, school personnel, nurse and the Thomas Jefferson Band Patrons, Inc. of any responsibility in this matter.

 Parent Signature

 Date

STUDENT ACKNOWLEDGEMENT

I, _____, understand that I may not share any of my medication with any other student.

 Student Signature

 Date