

Personal Responsibility to Carry/Self-administer Medication CdS Band Camp/California Trip Medication Release

Please mail in with other camp forms as soon as possible!

My student will NOT be taking medications to Camp or the California trip.

My student has been instructed in the proper use his or her medication, and I believe that he or she is responsible to use it as directed. I acknowledge that, in the event that my student misuses this medication or distributes it to others; my student and I are solely responsible for any consequences thereof.

I am requesting that

Print name of student

be allowed to carry his/her
at Band Camp and/or the
California trip

Name of medication(s)

Signed _____ Date: _____
(Parent)

Signed _____ Date: _____
(Student)