

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

My student will NOT be taking medications to camp.

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)