



# Midway Panther Band

Dear Parent/Guardian,

This is a waiver for you to sign for over-the-counter medication to be administered by a Midway  
ISD Band Director without having to call you on every occasion. Please fill out this form and list  
any medication allergies they have.

*Pam Hyatt*

Director of Bands  
Midway ISD

I \_\_\_\_\_ (Parent/Guardian), give permission to the band directors at MISD

to administer over-the-counter medication as needed for my student: \_\_\_\_\_

**Please check approved medication your student can take:**

\_\_\_ ibuprofen (Advil, Motrin)

\_\_\_ NSAIDs (Aleve)

\_\_\_ Acetaminophen (Tylenol)

\_\_\_ Benadryl

\_\_\_ Aspirin

\_\_\_ Pepto-Bismol

**Allergies:**

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**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_