



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:

Parent/Guardian Signature _____

Date _____