

Skyview 2010 Alcohol and Drug Free Graduation Party  
June 18-19, 2010

**MEDICAL INFORMATION FORM**

Print Student Name \_\_\_\_\_

Permission for my student to carry and self-administer inhaler  
\_\_\_\_\_ YES                      \_\_\_\_\_ NO

Permission for my student to carry and self-administer epi-pen  
\_\_\_\_\_ YES                      \_\_\_\_\_ NO

Permission for my student to carry and self-administer diabetic meds  
\_\_\_\_\_ YES                      \_\_\_\_\_ NO

Permission for my student to carry and self administer other medications  
\_\_\_\_\_ YES                      \_\_\_\_\_ NO

Please list name(s) and type of medication(s):

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1. Prescription medication must be in the container labeled by the pharmacist with the name of the student, the name of the medication, the dosage and frequency in which the medication is to be taken.
2. Over the counter medications must be in the original container.
3. The graduation party committee does not take any responsibility for supervising medication. This information will be used solely to allow admittance of the student to the grad party while in possession of listed medication(s).

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date