

MEDICATION PERMISSION SLIP AND PRESCRIPTION INFORMATION:

WE WILL HAVE AN EMT PRESENT AT THE PARTY FOR YOUR STUDENT'S SAFETY. PLEASE INCLUDE THE FOLLOWING FORM WITH PRESCRIPTIONS.

- ORIGINAL BOTTLE IN A BAGGIE
- LABEL IT WITH THE STUDENT'S NAME
- FOLLOWING PERMISSION SLIP

STUDENT FULL NAME _____ HAS MY PERMISSION TO TAKE
THE FOLLOWING MEDICATION(S) _____ AT
_____ *time(s)*. WHILE AT THE ALL NIGHT GRAD PARTY (ANGP). MY EMERGENCY
CONTACT INFORMATION IS _____ (*contact name and phone*).

date

Parent/Guardian Name (print please)

Parent / Guardian Signature