



**Provider and Parent Permission to Administer Medication  
at School/School Sponsored Events**

**To Be Completed By Parent**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher/HR: \_\_\_\_\_ School: \_\_\_\_\_

I request the school nurse give the medication listed on this plan; or after the nurse determines my child can take their own medications; trained staff may assist my child to take their own medications. I will provide the medication in the original pharmacy or over the counter container. This plan will be shared with school staff caring for my child.

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

\_\_\_\_\_  
Email Phone Where We Can Reach You  Check if Cell

**To Be Completed By Health Care Provider-Valid for 1 Year**

Diagnosis \_\_\_\_\_

Medication \_\_\_\_\_

Dose \_\_\_\_\_ Route \_\_\_\_\_ Time(s) \_\_\_\_\_

Recommendations \_\_\_\_\_ ICD Code \_\_\_\_\_

**Note:** Medication will be given as close to the prescribed time as possible, but may be given up to one hour before or after the prescribed time. Please advise if there is a time-specific concern regarding administration.

**Independent Carry and Use Attestation**

I attest that this student has demonstrated to me that he or she can self-administer the medication(s) listed below safely and effectively, and may carry and use this medication (with a delivery device if needed) independently at any school/school sponsored activity. Staff intervention and support is needed only during an emergency.

\_\_\_\_\_  
Name/Title of Prescriber (Please Print) Prescriber's Signature Date

\_\_\_\_\_  
Address Phone

**Please return to:**

School Nurse: \_\_\_\_\_ School: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

# JHS MARCHING BAND OTC MEDICATION FORM

PARENTS/GUARDIANS ONLY

Please read carefully!

No over-the-counter (OTC) medications will be allowed to be carried on the trip. We have purchased the medications below and will have them available if your child needs something. We will not give any medication to the student if it has not been approved by you, the parent/guardian, on this form.

\* Indicates required question

1. Email \*

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2. Student Last Name \*

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3. Student First Name \*

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4. I give my child permission to take the following over-the-counter medication while on the JHS Marching Band Championship trip to Syracuse on 10/29/23 - 10/30/23. I understand this medication will be carried by an approved JPS Level III volunteer, who will follow the recommended dosage on the bottle, unless otherwise noted by you, the parent/guardian, in this form. \*

*Check all that apply.*

- Tylenol (acetaminophen)
- Advil (ibuprofen)
- Aleve (naproxen)
- Dramamine
- Midol
- Benadryl
- Sudafed
- Tums
- Cough Drops

5. Please specify any restrictions on or specifics about the above approved medications (dosage, etc...). Dosage given will be based on package recommendation, unless noted here.

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6. Parent/Guardian Name \*

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7. Parent/Guardian Cell Phone (in case of questions while on the trip) \*

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# DOMESTRATOR SEATING

If you plan on going to Championships please made every effort to sit in the section outlined below! Having a supportive crowd in the stands is great, but having them sit together makes the cheering even more powerful. The kids sometimes have trouble finding our fans from the field so wear LOTS OF RED and try to follow the diagram!

**GATE A:** UPPER SECTION; 301 - 336  
LOWER SECTION; 101 - 130



**2023 NYSFBC Championships National Class USB Thumb Drive –Order Form**

Student's Name \_\_\_\_\_

Parent's First / Last Name \_\_\_\_\_

Phone # \_\_\_\_\_

# of USB Thumb Drives ordered

\_\_\_\_\_ @ \$25 = \_\_\_\_\_

Cash       Check

Cost of the video will be based on the total number that we order as a group. Sample of pricing is below. I am hoping that we have 40 ordered so that we receive the \$25 price. A deposit of \$25 is required at the time of order.

Please make checks payable to Jamestown Band & Chorus Association, Inc.

QTY	PRICE (PER UNIT)
10 - 19	\$40.00
20 - 29	\$35.00
30 - 39	\$30.00
40+	\$25.00

**LARGE SCHOOL 2**

**Performances Included**

Huntington

Corning-Painted Post

Orchard Park

Kingston

Sachem

Hicksville

West Seneca

Webster

Jamestown

**Please return all order forms to Traci Stevenson by Nov. 3rd. A deposit of \$25 per USB is required. Please make checks payable to: Jamestown Band and Chorus Association, Inc. Once forms have been collected and I have a final total number of USB's, I will contact you if your order requires additional payment. Questions about ordering a USB please contact Traci Stevenson at 499-2661.**

## ***MULTI-CAMERA***

The ***Multi-Camera*** version shows a mix of all of our cameras throughout the venue. It will alternate between the high camera view, to cameras throughout the stadium and at field level. You'll see featured sections of the band, soloists, guard features, percussion features, and individuals during the show. Awards for the class are also included. Everyone on the BOX5 crew is a former member of the pageantry arts and BOX5 prides itself getting the right shot every time.

## **USB THUMB DRIVE DESCRIPTION**

All files on both formats are MP4 files playable by any computer or mobile device. The USB thumb drive will arrive in a custom keepsake case with an attractive wrap depicting the performances contained on the drive.

## **SECURITY**

All thumb drives have copy protection installed. This copy protection prevents copying or deleting any files from the thumb drive. The drive will need to be inserted into the device for playback. All media from BOX5 will feature our watermark.

## **YouTube / Facebook Policy**

You may not upload our videos to YouTube or Facebook or other social media platform without the express written permission of BOX5 Media and the rights holders. The music contained within the BOX5 products is protected under federal law. In order to upload our videos to Facebook and YouTube you must first secure synchronization licensing from the publishers owning the music and secure our permission. If the music contained on the file is public domain, you still must have our permission to post these videos. To obtain permission please send a message to [support@box5.com](mailto:support@box5.com).

These videos are for in-home use only and cannot be used for any other purpose.