

## Evolution Prescription Drugs 2006/2007

I here authorize the person/persons in charge to give my daughter/son the prescribed medication she/he is currently taking for her/his illness.

I hereby consent to my daughter/son taking part in the marching of shows, practice, and parades while taking this medication.

As the parent/guardian of the marching member, I release Evolution of any responsibility should my daughter/son become ill because of the dosage taken as instructed by this form, or any reaction that may occur during this time.

Type of illness\_\_\_\_\_

Name of Medication\_\_\_\_\_

Amount of dosage\_\_\_\_\_ Time to be taken\_\_\_\_\_

Marcher's name\_\_\_\_\_

Parent /Legal Guardian \_\_\_\_\_

Date of signing\_\_\_\_\_