



**Quaker Valley High School Marching Band  
Emergency Medication Administration Waiver**  
(For use until the Quaker Valley High School Medication Administration Request Form  
is updated/on file)

To Whom It May Concern:

This letter is to verify that my adolescent, \_\_\_\_\_ requires emergency medication such as those prescribed for seizures, diabetes, food allergies, etc. My adolescent's condition(s) and prescribed emergency medication(s) are listed below:

**Condition(s):** \_\_\_\_\_

**Medication(s)** \_\_\_\_\_

I understand that until my adolescent's Quaker Valley High School Medication Administration Request Form is updated/on file, Quaker Valley employees may not administer treatment to my adolescent, even in the event of an emergency.

In the event of an emergency, I give the Band Director and/or members of the Band Staff, including the Registered Nurse, permission to call 911 to obtain emergency medical treatment for my adolescent.

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

\_\_\_\_\_  
Date