

Information Packet - Form E

Amherst Marching Comets - Medical Dispense Form

Please dispense the following medication if needed:

Ibuprofen (advil): **Yes or No**

Acetaminophen (Tylenol): **Yes or No**

Antihistamine (Benadryl): **Yes or No**

Pepto-Bismol: **Yes or No**

Please sign this document giving permission of dispensing said medications if requested.