



Tailgate Meals/Student Medication

Student Name: _____

Tailgate Meals

The parents who volunteer and coordinate all Tailgate meals and food preparation for our students and staff work tirelessly to make sure that every possible food accommodation that can be made is able to be made. To ensure that your student receives the most accurate meal and to provide us with the most up-to-date information please let us know of any food allergies or other accommodation that we can try to provide to help your student.

This will be for ALL Tailgate meals and the student/parent are not allowed to decide which meals they will receive these accommodations for

Please identify below if your student needs any of the accommodations regarding Tailgate meals:

_____ Vegetarian
_____ No Beef
_____ No Chicken
_____ Gluten Free *We will try to make this accommodation if the vendor has options, but this is not always guaranteed*

Known Food Allergies _____
Other _____

Student Medication

Procedure for Student Medication on Band Trips, Football Games, Contests:

If your child takes medicine on a regular basis, their medicines will be administered by THS Tiger Band Chaperones at their usual times while on out-of-town trips for the 2024-2025 school year.

Please send your child's medication to school in a sealed plastic bag labeled with the student's name and include this signed permission slip. All medications MUST be in the original containers and indicate your child's name.

We will have a first aid kit supplied with Advil and Tylenol available for headaches, pain or fever. Please sign the consent form below if you wish this over-the-counter medicine to be available to your child.

I (parent/guardian) _____, consent to my child receiving if necessary for pain or fever, the following items:

Advil

Cough Drops

Tylenol

Cough Syrup

Sudafed

Tums

Benadryl

Pepto Bismol

Other Medications

Medication: _____

Amount to be given: _____

Time(s) to be given: _____

Reason for medication: _____