

At times, students require minor medical attention. Please complete the following items.

- | | | |
|---------------------------------|-----|----|
| ◇ My child gets motion sickness | YES | NO |
| ◇ My child needs an inhaler | YES | NO |

I give sponsors/chaperones permission to give my child the following:

- | | | |
|------------------------------|-----|----|
| • Tylenol | YES | NO |
| • Diarrhea Medication | YES | NO |
| • Immodium-D | | |
| • Motion Sickness Medication | YES | NO |
| • Dramamine | | |
| • Upset stomach Medication | YES | NO |
| • Lepto Bismol | | |

LIST ANY BRAND NAME MEDICATIONS YOUR CHILD CAN NOT TAKE

1. _____
2. _____
3. _____
4. _____

I understand that I will provide all prescription medication. I will also provide non prescription medication that must be taken on a daily basis.

The medication must be:

- Placed in a small one-zip bag
- On a small index card put child's name, medication and clear instructions
- Tape this to the inside of the bag
- Medication must be in original bottle/container

