

### PHYSICIAN SECTION

The following medications will be available for all overnight field trips and also kept in the health office. Please have your doctor review the medications listed and check off which ones your student is able to take, then have physician sign and stamp this form so that if your student requires any of these medications, they can be given.

<b>Student Name:</b>	<b>Grade:</b>
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Over the counter medication & dosage	Yes	No
Ibuprofen 200MG (1-2 tablets) as needed, every 4-6 hours		
Benadryl 25MG (1-2 tablets) as needed, every 4-6 hours (may use generic)		
Acetaminophen 500MG (1-2 tablets) as needed, every 4-6 hours		
Pepto Bismol (1-2 tablets as directed) as needed (may use generic)		
Dramamine 50MG 1-2 tablets as needed (may use generic)		
Neosporin antibiotic ointment as needed (may use generic)		
Cortisone topical cream as needed (may use generic)		
Aloe Sunburn Relief Gel with Lidocaine as needed (may use generic)		

Please list **prescription** medication(s) that will need to be brought on overnight trips. \*All medication must be in the original container(s) with label showing the following: child's name, name of medication and times when medication is to be given.

Medications	Reason	Dosage	Frequency/Time

<b>Doctor's Signature</b>	<b>Date:</b>
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**Doctor's Stamp:**

**\*Parent section on the back of this form.**

## PARENT SECTION

Parent/Guardian Name: \_\_\_\_\_

Day/Cell Phone: \_\_\_\_\_

Evening Phone (if different): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Please provide the following information:

Name of insurance company \_\_\_\_\_

Policy number \_\_\_\_\_ Group Number \_\_\_\_\_

\*For 7th/8th grade only. Please check one.

Yes, my child may participate in swimming activities.

No, my child MAY NOT participate in swimming activities.

Does participant have any dietary needs, allergies, physical restrictions or medical conditions?

No  Yes. If yes, explain

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Parent signature \_\_\_\_\_ Date \_\_\_\_\_