Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication Form**

**Dodgen Chorus**

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

My child gets motion sickness YES NO

My child needs an inhaler YES NO

I give the teacher chaperones permission to give my child the following in accordance with the packaging dosage and instructions:

Diarrhea Medication YES NO

 **Imodium D**

Motion Sickness Medication YES NO

 **Dramamine**

Upset Stomach Medication YES NO

 **Pepto Bismol**

Antihistamine YES NO

 **Benadryl**

Ibuprofen YES NO

 **Advil**

Naproxen Sodium YES NO

 **Aleve**

Acetaminophen YES NO

 **Tylenol**

I understand that I will provide all prescriptions. I will also provide any non-prescription medication that must be taken daily with the specific dosing directions. A prescription medicine form (JGCD 2) must be completed for EACH medication. All prescription medication should be in the original container and only send the amount needed for the trip.

Inhalers & Epipens must be on the student at all times. Please complete forms JGCD 2 and JGCD 10.

**Permission to watch a PG 13 rated movie on the Disney Trip. YES NO**

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_