

Lyman Marching Greyhounds - D.C. TRIP 2010 Medicine Dispensing Procedures and Information Form

For: DAY-GROUP CHAPERONE and HOTEL ROOM CHAPERONE

Parents/Guardians should hand medicines along with the two (2) copies of this form to their child's day-group chaperone on April 6, 2010 prior to departure.

DIRECTIONS:

1. All **prescription medicine** containers should have a current label.
2. All **over-the-counter medicines** used by the student should also be listed.
3. Each medicine container should have only enough medication for the trip.
4. Medication should be placed in a zip-locked baggie labeled with the student's name.
5. The second copy of this form will be given to the hotel chaperone. He/She will supervise your child during the evening hours and will get the medicines from the day-group chaperone.

Student Name _____ Date of Birth _____

Parent/Guardian(s) Name _____

Parent/Guardian Phone Numbers: Home _____

Work (Father) _____ Work (Mother) _____

Cell (Father) _____ Cell (Mother) _____

MEDICATION	DOSAGE	FREQUENCY	Take with Meal	No Food Needed	OTHER INFORMATION

<p style="text-align: center;">INHALER / EPINEPHERINE</p> <p>___ Yes, my child must carry an inhaler at all times.</p> <p>___ Yes, my child must carry epinepherine at all times.</p>	<p style="text-align: center;">TYLENOL / ADVIL / IMODIUM / EMETROL / PEPTO-BISMOL (or Generic Equivalent)</p> <p>___ YES, administer these medications without calling me.</p> <p>___ NO, call me before administering these medications.</p>
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Medication and Food Allergies: ___ NONE

Day-Group Chaperone's Name _____

Hotel-Room Chaperone's Name _____