

Medication Form for New York
December 2010

Student Name _____ date of birth _____

Parent's name _____

We have your Insurance Information on the Activity/Medical Form you filled out at the beginning of the school year. Please let us know if your Insurance information is not up to date or if your contact information has changed.

Allergies (epi-pen and inhalers may stay in the students' possession) _____

Prescription Medication student is taking (give to Mrs.

Peck in original container) _____

Please check over the counter meds that we can give your child.

Tylenol _____

Pepto Bismuth or Imodium _____

Robitussin _____

Cough Drops _____

Dramamine _____

Benadryl _____

Anything you want us to know about your child? _____

Please sign this acknowledging that you filled this out and are aware of the rules and regulations pertaining to this trip. Please understand that if your student violates the illegal substance ban we will fly them home at your expense.

Parent signature

Return this form to Mrs. Peck by Dec 16 (Thursday, the day before the trip)