Medication Information and Release

Student Name:_____

Please list all medications, including over-the counter or nonprescription drugs, that are taken by Student routinely. Bring only enough medication to last the entire trip duration. Keep it in the original packaging/bottle that identifies the prescribing physician (if prescription medication), the name of the medication, the dosage, and the frequency of administration. Please do not include any medication/vitamin/supplement in gummy form as these will melt on our trip.

I give The Gregory School chaperones permission to distribute the following to Student as needed: (check all that apply)

Tylenol (350 mg) ____ Allergy Relief Medication (diphenhydramine) (25 mg) _____
Tums _____ Ibuprofen (200 mg)_____ Hydrocortisone Cream _____

____Student takes no medications (including over–the-counter or nonprescription drugs) on a routine basis that will be brought on the trip.

____Student takes the following medication (including over-the-counter or non-prescription drugs) on a regular basis, which medication will be brought on the trip.

Medication #1 _____
Reason: _____

Medication #2 _____
Reason: _____

Medication #3 _____
Reason:_____

_____ Student is able to and will self-administer their own medication on the trip.

_____ Student is **not** able to self-administer their own medication and I hereby give The Gregory School trip chaperones permission to administer the above medication(s) to the Student. Dosages will be administered according to directions on the bottle or package unless a physician directs otherwise. I hereby certify that Student has not in the past shown any allergic or other adverse reaction to any of the medications which you are hereby authorized to administer.

Please share with the trip chaperones any pertinent medical or other information that they should know about your child while on this trip.

_____

_____

In the event of illness or injury requiring medical attention, I understand that reasonable attempts will be made by the TGS Trip Coordinator/chaperones and/or medical personnel to contact me. In the event emergency treatment is deemed necessary by medical personnel in the meantime, however, I consent to such treatment, and I acknowledge that I am responsible for and assume all financial responsibility (subject to any insurance) for all costs in connection with the care and treatment rendered to Student.

Parent/Guardian Signature:_____ Date:_____

Phone Number at which I can be reached: _____