

# 2016-17 CHANTILLY HIGH SCHOOL MUSIC DEPARTMENT MEDICATION FORM

In agreement with FCPS guidelines, the Band Directors, staff, and chaperones on trips need a list of all prescription and over the counter medicines your student will be bringing on the trip with him/her. **ALL medicine MUST be clearly LABELED and in the ORIGINAL CONTAINER.** The dosages must be legible. Please remember that chaperones may not administer ANY medication without your permission. The department carries common over-the-counter medicine listed below. **If a medicine is not on our list, you must provide it and list it in the top half and treat it as a prescription medicine.**

**ONLY** emergency prescription medicine may be carried by a student, e.g. Inhalers and Epi-Pens. All other medicines will be kept with the Band Directors or other FCPS approved staff/chaperones.

**Please complete and return the following form. This medical form will be kept on record and carried on all trips and activities for the 2016-17 school year.**

Student's Name: \_\_\_\_\_

***Emergency Medications: (with Student)***

Prescription Name	Dosage	Time taken, AM, Midday, PM, as needed

***Regular Prescription Medications (with FCPS approved staff/chaperone):***

Prescription Name	Dosage	Time taken, AM, Midday, PM, as needed

I understand illnesses & accidents occur, and Chaperones have my permission for my student given the following medicines (please check all you approve) and the ***recommended adult dosage*** [unless I have indicated another dosage below] of the following over-the-counter medicines. Chaperones will carry these OTC meds.

<b>Over the Counter Medication</b>	<b>Please answer Yes or No and if Alt Dosage On Every Line</b>
Acetaminophen ( <i>generic name</i> ) Tylenol, Midol "Original", Pamprin	
Benadryl	
Cough/Throat Drops	
Dimetapp	
Dramamine	
Ibuprofen ( <i>generic name</i> ) Advil, Midol "Cramps and Body Ache" formula	
Imodium AD	
Naproxen ( <i>generic name</i> ) Aleve, Midol "Maximum Strength"	
Neosporin	
Pepto-Bismol	
Sudafed	
Tums/Roloids	

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date