

## MEDICAL FORM FOR SCHOOL TRIP

Student's name \_\_\_\_\_

1. Does your child currently take prescription and/ or non- prescription medication on a regular basis?  
Yes No

2. Will you be sending medication along with your child? Yes No

3. List regular medications: \_\_\_\_\_ Times to be given: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. List any MEDICATION ALLERGIES: \_\_\_\_\_

5. List any FOOD ALLERGIES: \_\_\_\_\_

**\*\*\*Food allergies must be addressed prior to the start of camp. Not all food allergies can be accommodated by the camp staff and special arrangements may need to be made\*\*\***

6. Date of last tetanus booster: **\*MUST BE ANSWERED\***  
\_\_\_\_\_  
(If longer than 10 years, booster is needed.)

7. Does your child wear contact lenses? Yes No

8. List any medical problems or concerns that staff should be aware of: \_\_\_\_\_  
\_\_\_\_\_

I give my permission to the medical staff person to administer medication to my child as listed below:

### FOR HEADACHE, MUSCLE ACHES, OR SPORTS TYPE INJURY:

Acetaminophen (Tylenol) Yes No

Ibuprofen (Advil) Yes No

### FOR UPSET STOMACH/ MOTION SICKNESS:

Antacid (Tums, Maalox) Yes No

Pepcid (Famotidine) Yes No

Dramamine Yes No

### FOR SEVERE ALLERGIC REACTION (SWELLING, ITCHING, HIVES):

Benadryl Yes No Antihistamine Lotion Yes No

Hydrocortisone Cream Yes No Calamine Lotion Yes No

### FOR COUGH/COLD/CONGESTION:

Robitussin DM Yes No

Throat Lozenges Yes No

Decongestant (Phenylephrine) Yes No

Allergy Medication (Claritin/Loratadine) Yes No

I hereby authorize the use of the above medications as directed on the label for my child's weight and age, as well as permission to administer prescription medications being sent from home.

\_\_\_\_\_  
Parent/ Legal Guardian's signature

\_\_\_\_\_  
Date

Student's Insurance Coverage

Company Name: \_\_\_\_\_ Policy/ Group Number: \_\_\_\_\_

Primary Cardholder's Name: \_\_\_\_\_ Relationship \_\_\_\_\_

**\*If your child requires any prescription or over the counter medication not listed above, please submit it to the nurse in the original packaging (not a pill box etc.) during check-in time prior to departure. \***