

# Leigh Performing Arts

Student's Personal Medication for \_\_\_\_\_  
(trip name)

**COMPLETE THIS FORM ONLY IF YOUR CHILD IS BRINGING MEDICATION WITH THEM ON THE TRIP. ALL MEDICATION (PRESCRIPTION AND OVER THE COUNTER – LIKE CLARITAN OR COUGH DROPS) MUST BE IDENTIFIED ON THIS FORM AND REVIEWED AT CHECK-IN BEFORE THE TRIP, INCLUDING INHALERS.**

Student Name: \_\_\_\_\_

## Instructions

All medication must be in their original packaging showing dosages. Prescription medication must also include the child's name, medication name, dosage, and how often to administer.

Complete the table below and bring this form and all medication inside a zip lock bag labeled with child's name on the outside, and turn in at the instructor's designated medication station during trip check-in.

Name of Medication	Dosage Amount (i.e., 1 pill, 10mg...)	Time Interval (i.e., AM/PM, 8AM, as needed....)

Has your child taken these medications in the past? YES NO

Has your child ever had an adverse reaction to any of these medications? YES NO

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

Please list ALL allergies your child has: \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ (Parent/Guardian) give permission for the above prescription medications to be administered according to the prescription on the label to my child, \_\_\_\_\_  
(Student's name).

\_\_\_\_\_

Signature of Parent/Guardian

Date

Contact Phone:

DAY

NIGHT