

Student \_\_\_\_\_

Dear Parent(s) or Guardian(s),

Please check YES for all nonprescription medications we may have permission to give your child in LASSEN or during travel. Please sign.

**Student Application and Medical Form continued**

Is the student required to take regular medication? Yes \_\_\_ No \_\_\_ (all medications are administered by the chaperones from the students' own school)

Please provide instructions (dose) for administration of medication:

← Choosing YES allows teacher to give medication.

Check those nonprescription medications we may have permission to give your child under the supervision of your child's classroom teacher

- | YES | NO  |                                                                        |
|-----|-----|------------------------------------------------------------------------|
| ___ | ___ | Kaopectate (for diarrhea)                                              |
| ___ | ___ | Pepto Bismol (for upset stomach)                                       |
| ___ | ___ | Milk of Magnesia (for constipation)                                    |
| ___ | ___ | Chloraseptic Spray (for sore throat)                                   |
| ___ | ___ | Caladryl (for skin rashes)                                             |
| ___ | ___ | Acetaminophen (Tylenol generic for headaches or elevated temperatures) |

- | YES | NO  |                         |
|-----|-----|-------------------------|
| ___ | ___ | Sudafed (Pseudoanal)    |
| ___ | ___ | Advil (Ibuprofen)       |
| ___ | ___ | Nyquil                  |
| ___ | ___ | Cepacol                 |
| ___ | ___ | Benadryl                |
| ___ | ___ | Dramamine (seasickness) |

Date \_\_\_\_\_

Signature \_\_\_\_\_

Parent or Legal Guardian

Parent