

STUDENT'S NAME _____

MEDICINES TO ADMINISTER

Spring Break to Disney (April 11-14, 2022)

If you are not going as a chaperone AND your child will be in need of taking **any** type of medication (prescribed or over-the-counter) on a regular basis while on this trip, all medicines must be checked in with Parent Chaperone, or Designee, the morning of departure. She/He will review each medicine with you and your child.

Each medicine must be in its original container, labeled with the student's name, and listed with the dosage, time(s) to be administered, and indicate if taken with food or water.

Please place all medicines in a labeled, gallon sized Ziploc bag with this form.

It is your child's responsibility to seek out their Parent Chaperone, or Designee, to obtain the necessary medication listed below at the prescribed time. If your child has asthma and needs to carry an inhaler, or a severe allergy which requires them to carry an Epi-pen, this also needs to be brought to the attention of the Parent Chaperone or Designee.

Comments or other conditions to be aware of:

MEDICINES TAKEN

Name	Dosage	Times to Be Taken	With Food/Water

Please initial which over-the-counter medicine that may be provided, as directed on the instructions, to the above named student.

___ Ibuprofen (i.e. Motrin)

___ Acetaminophen (i.e. Tylenol)

___ Robitussin

___ Sudafed

___ Mylanta Roloids

___ Claritin

___ Imodium

___ Benadryl

___ Simethicone (i.e. Gas-X)

I (we) the undersigned parent, parents or legal guardian of the above named student, do hereby give consent for student to participate in band/choir activities and authorize and consent to any medical care performed by a chaperone/instructor of the Rodriguez Music Boosters or prescribed by a licensed doctor of medicine and emergency room staff. It is understood that reasonable effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that treatment will not be withheld if the undersigned cannot be reached. I (we) also authorize designated parent chaperone or instructor to administer the above medications whether prescribed or over the counter as directed. Further, I (we) waive all claims against Rodriguez Music Boosters of Rodriguez High School, its officers, employees or agents, the Fairfield-Suisun Unified School District, its officers, employees or agents, and the State of California for any injury, accident, illness, or death that might occur by reason of student's lack of taking such medication prescribed or over the counter or participation in Band/Choir Activities.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE