

**Christian Junior High School
HISTORICAL STUDIES TOUR
MEDICAL RELEASE FORM**

RE: WEEK OF March 7 -13, 2010

The following “over the counter” medications (or the generic equivalent) may be given to,(student name) _____, if needed, during the week-long Historical Studies Tour of the east coast. I understand that all dosages administered are per recommended dosage instructions on the package.

- | | |
|-----------------|-------------------------------------|
| _____ Tylenol | _____ Throat Lozenges & Cough Drops |
| _____ Ibuprofen | _____ Day-Quil |
| _____ Tums | _____ Pepto Bismol |
| _____ Sudafed | _____ Diarrhea Medication |
| _____ Benedryl | _____ Motion Sickness Medication |

_____ ANY OF THE ABOVE AS NEEDED

Is your student currently on a program of prescribed medication? If so, what medication (for what medical reason)?

Any Allergies? _____ Weight? _____

Parent Name(s) _____

Parent Numbers Home: _____ Cell: _____
Cell: _____

Parent Signature: _____

Doctor’s Signature: _____

Doctor’s Name, Address, Phone Number (Printed Clearly):

