

Lebanon Christian Medical Form for Washington D.C. Trip

Please Return on or before April 1st

Physician's Request for the Administration of Medication Form

It is necessary that _____ have medication during the Washington D.C. trip on

Table with 4 columns: Medication, Reason, Dose/ special instructions, Time- if needed how long between doses. It contains three empty rows for data entry.

Procedures to follow if medication does not produce relief from the student's emergency:

Two horizontal lines provided for writing emergency procedures.

Physician's Signature: _____ Date: _____

Physician's Office Address: _____

Physician's Phone: _____

PARENT/GUARDIAN PERMISSION and RELEASE

Student's Name: _____ Gender: _____ DOB: _____

Address: _____ Grade: 8th Grade Washington D.C

I give my permission for the medication listed above to be given during the 8th grade trip.

- The medication will be delivered to the chaperone on April 13th, in the original packaging/prescription bottle in a Ziploc bag with my child's name.
• I give permission for my child to carry and self-administer an inhaler if directed by the above doctor.

Parent/Guardian Signature: _____ Date: _____

MEDICAL-DISCIPLINE AGREEMENT FORM

STUDENT'S NAME: _____ Return by **September 30, 2024**

LAST

FIRST

MEDICAL RELEASE

In case of an emergency (and parent can not be reached by phone), I authorize Lebanon Christian School staff to obtain medical treatment for my son/daughter named above.

Primary Insurance Company _____ Policy # _____

EMERGENCY CONTACTS/PHONE NUMBERS

#1 _____ #2 _____

#3 _____ #4 _____

MEDICAL INFORMATION

I give chaperones permission to administer the following medications to my child (please mark all that apply):

- Dramamine
- Ibuprofen
- Imodium AD
- Luden's cough drops
- Tums
- Tylenol

PRESCRIPTION MEDICATION or OTC medications not listed above:

If your child is on ANY prescription medication or OTC medications not listed above, please complete the Administration of Medication form (AOM). The AOM form MUST have a DOCTOR'S signature. We will NOT be able to administer any prescription medication or additional OTC medications without the completed form.

Any prescription medication or additional OTC medications will need to remain in the original bottle or package. Please bring to the drop off location in a Ziploc bag on departure with the student's name on the bag and give it to the chaperone.

Any additional physical issues of my child that the chaperones should be made aware of:

DISCIPLINE & PHOTOGRAPH AGREEMENT

Students understand and agree to abide by the rules and regulations provided by Lebanon Christian School. This includes the policies and guidelines in the Parent-Student Handbook.

As parents/guardians and students, we realize the safety and the success of the trip depends in large measure upon the cooperative spirit of everyone. We are aware that photos may be taken and used in the school yearbook or other publications to promote the trip. In the event of misconduct, we understand that first the chaperone and students will phone home to discuss the situation and second, if the matter cannot be resolved by phone, we may have to come to pick students up or check on his/her welfare. We are aware that consequences upon return to school may be issued.

Date: _____ Parent Signature: _____

Date: _____ Student Signature: _____