

DS Freeman High School Music Department 2016 Spring Trip Information Form

Student Last Name	
Student First Name	
Instrument	
Student date of birth	
Student Cell Phone Number	

Parent Name	
Parent Phone Number	
Parent Name	
Parent Phone Number	
Emergency Contact (if parent cannot be reached)	
Emergency Contact Phone Number	

Student Medical Information	
Physician Name	
Physician Phone	
Date of Last Tetanus Shot	
Health Insurance Provider Name	
Policy Number	
Group Number	
PLEASE ATTACH A COPY OR PHOTO OF STUDENT'S HEALTH INSURANCE CARD -- BOTH FRONT AND BACK	

List any allergies to food or medication	
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Over the counter (OTC) medications will be dispensed as needed by a designated chaperone traveling with the group. Please check either A , B or C below and if C indicate which medications your student is permitted to take

	A	My child cannot be given any OTC medications
	B	My child can be given any OTC medication that is appropriate as determined by Mr. Blankenship or an adult chaperone
	C	My child can only be given the following medications:
		Ibuprofen (Advil)
		Acetaminophen (Tylenol)
		Loperamide HCL (Imodium)
		Pseudoephedrine HCL (Sudafed)
		Diphenhydramine HCL (Benadryl)
		Meclizine HCL (Dramamine)
		Calcium Carbonate (Tums)
		Pepto Bismol
		Other - please list:

Parent Signature	
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DS Freeman High School Music Department 2016 Spring Trip Student Prescription Medication Form
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<i>If your child needs to take prescription medication during the spring trip, please complete the information below. On the morning of departure, please provide these medications to parent chaperone Jane Kiser. All medications must be in the original containers and in a Ziplock bag with the student's name clearly marked</i>
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Student Last Name	
Student First Name	

Name of Medication	
Dosage	

Name of Medication	
Dosage	

Name of Medication	
Dosage	

Name of Medication	
Dosage	

Name of Medication	
Dosage	